

LEARNING ACTIVITIES
ESSENTIAL IN PEDIATRIC
NURSING IN "X" SCHOOL
OF NURSING
Mary R. Turniciff

SN
Se. Pa.
1947

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Submitted by

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St. Louis, Missouri, 1945)

In Partial Fulfillment of Requirements for
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BY THE SCHOOL OF NURSING

Presented at

the annual meeting of the American
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at the Hotel Pennsylvania, New York City,
New York, May 1954

In partial fulfillment of requirements for

the degree of Bachelor of Science in Nursing

1954

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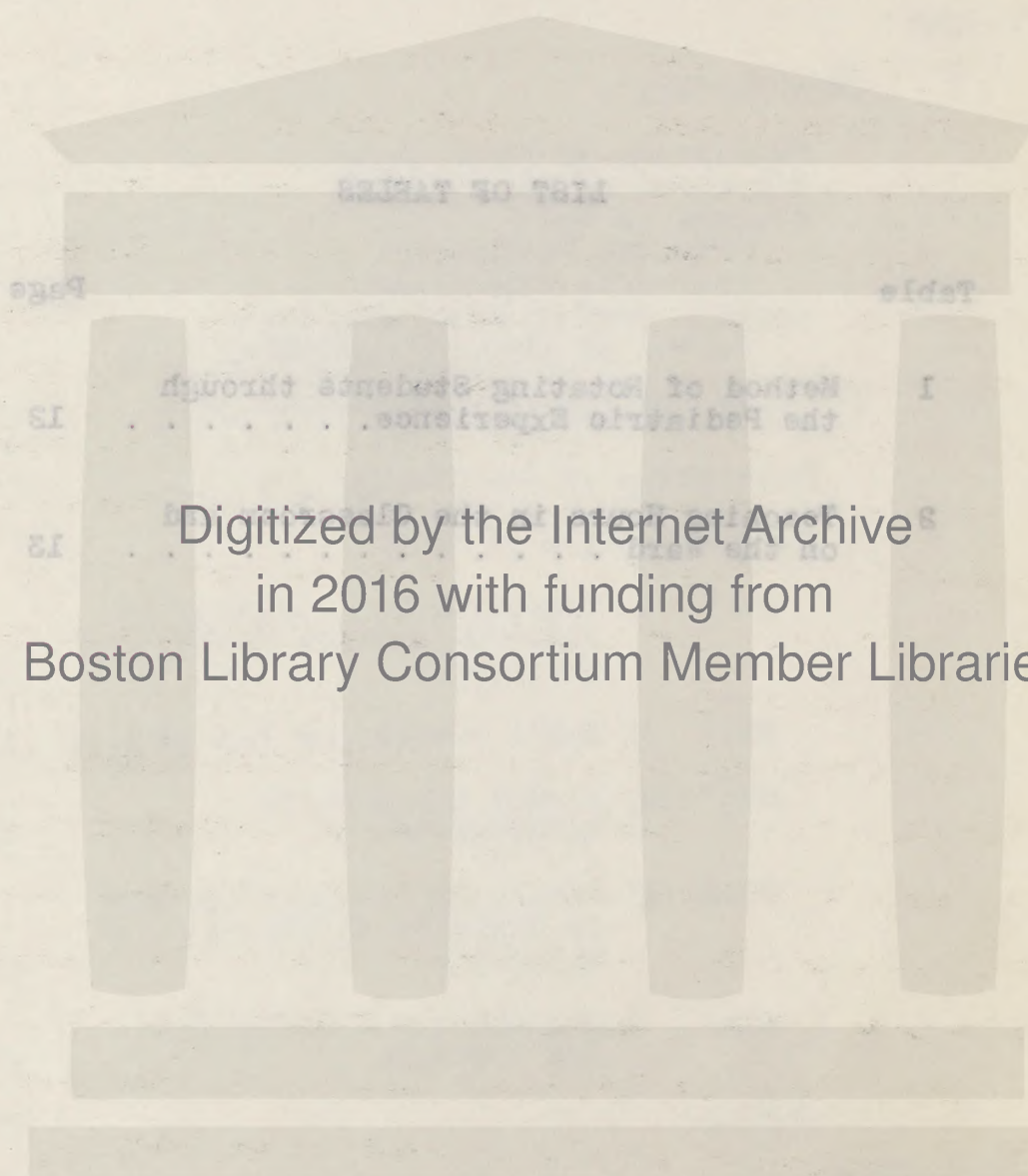
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CHAPTER I

INTRODUCTION

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CHAPTER I

INTRODUCTION

The growth of child care and pediatric nursing has undergone many changes in the past century. During the eighteenth century the philosophy of child life was separated into three functions; namely, the mind, the body, and the soul. The attitude prevailing at that time was to treat each portion of the child's being as a separate entity. The physical function was consigned to the doctor, the mind to the teacher, and the soul was attended to by the family and clergy. There also existed the idea that every child could, and should, develop with the same kind of care and training.

About the latter part of the nineteenth century, authorities in the United States became interested in the high infant mortality, and in the health of school children. Organizations were formed to promote child welfare in the home, school, church, and community. For the first time the child as an individual, began to be recognized.

At the beginning of the present century Pediatric Nursing was a well-developed speciality. However, Pediatric instructors, in their enthusiasm to develop nurses who could give excellent care to the acutely ill child,

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About the latter part of the nineteenth century, authorities in the United States became interested in the high infant mortality, and in the health of school children. Organizations were formed to promote child welfare in the home, school, church, and community. For the first time the child as an individual, began to be recognized. At the beginning of the present century Pediatric Nursing was a well-developed specialty. However, Pediatric instructors, in their enthusiasm to develop nurses who could give excellent care to the acutely ill child,

lost sight of the need for the management of the same child during convalescence, and the growth and development of the normal child.

In view of these shortcomings, the philosophy of child life of the present day has developed into the consideration of the individual needs and differences of the individual child as a member of a democratic society. The child can no longer be considered a "miniature adult," whose behavior is measured by that of the adult.

With this point of view in mind, this service paper is written to improve the present pediatric program in "X" School of Nursing, in order to aid the student nurse to acquire the basic knowledge, and to develop skills and appreciation of child care which will enable her to promote the most favorable development of the whole child.

The clinical subjects in the nursing curriculum are intended to prepare the student to give efficient and intelligent nursing care to the patient; based upon the facts that he is an individual who must be developed into a well-rounded personality, in which the physical, emotional, intellectual and spiritual aspects are in harmony. If this basic objective is lost sight of then the teaching of these subjects will be remote from the reality and will not prepare the student to assume her responsibility. The ward experience gives the student the opportunity to

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will not prepare the student to assume her responsibility.

The ward experience gives the student the opportunity to

apply the classroom principles, and it is through the actual experience on the ward that she learns to care for the child.

In the basic pediatric nursing program at "X" School of Nursing thirty-two hours are allotted for organized classroom instruction. Approximately forty-eight hours are devoted to clinical teaching, including conferences and case studies. Communicable disease nursing and orthopedic nursing are taught concurrently with pediatric nursing, eighteen hours devoted to each. Psychology and Nutrition are taught previously in the student's first year in the school. The psychology classes provide the student with the basic knowledge of child and adolescent psychology. Infant nutrition is incorporated in the ward teaching during formula room experience. This program endeavors to integrate the essentials of nutrition in growth and development of the child.

The theoretical pediatric nursing courses are taught during the second semester of the student's second year. The prerequisites for pediatric nursing experience are: medical, surgical nursing, including operating room experience and obstetrical nursing. In obstetrical nursing, the nurse will have had the theoretical preparation and care of the newborn infant with some experience in the condition and diseases of the newborn. Likewise premature

care is incorporated in obstetrical experience, therefore, it is not taught in the pediatric nursing classes. In addition the student learns in her previous experience the principles and skills fundamental to adult care, many of which are basic in the care of the child. Moreover, the principles and techniques learned in adult care are uniform throughout the institution, hence, only those special skills of pediatric nursing need to be taught during Pediatric nursing experience. The student also becomes familiar with the community resources available for convalescent and follow-up care of the rehabilitation of the patient in the Public Health Nursing classes.

The program is planned by the Pediatric Supervisor whose educational and cultural background has been developed to qualify her for this particular phase of nursing. The Pediatrician-in-Chief of the department conducts the classes in Diseases of the child. Doctors, social workers, physical therapists, dietitians, head nurses, and student nurses participate in phases of the clinical teaching program. The head nurses are graduates, and are chosen because of their knowledge, sympathy, and understanding of the child. These three nurses work in three shifts of eight hours, thus covering the twenty-four hours. Although all three have had three years of pediatric experience as head nurses, it is deemed advisable that they

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should take post-graduate work in advanced pediatric or nursing, as well as advanced work in principles of teaching and supervising.

The pediatric department at "X" Hospital consists of fifty beds with a daily average of twenty-nine patients. The children are divided according to sex and age. Half of the beds are used for infants up to two years of age. The other half are utilized for children from the ages of two to fourteen inclusive. The latter twenty-five beds are divided accordingly; the pre-school age are provided with two six-bed wards; boys and girls being cared for in the same ward. The remaining thirteen beds are divided into three wards, three beds each; and four private rooms which can be used for any age child. These beds take care of the children who are six years of age and over. Adolescent children are seldom admitted on the pediatric ward.

Each child's cubicle is separated by partitions seven feet high, glazed with clear glass above the bed mattress level. Privacy is provided by curtains surrounding each bed. Partitions which extend to the ceiling between rooms are similarly constructed so that the children may see one another and the nurse may see the children at all times. Each ward is equipped with hand washing facilities. In each cubicle there is a chair and a bedside cabinet which is constructed for the storage of utensils, clothing

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and toys, the top of the cabinet serving for a flower or bookstand.

In order to provide special facilities for carrying out rigid isolation techniques, the private rooms have been equipped for the care of children who are under observation for communicable conditions.

The requirements for light and ventilation of the ward are amply met. In all rooms adequate artificial illumination is provided by ceiling and wall lighting. The children have access to a roof garden which offers sunbathing and outdoor play facilities. The roof garden can be easily reached by the elevator situated opposite the pediatric wing.

The plan of the service rooms has been made with a view to facilitating the nurse's work. For this reason the service rooms are centrally located in the unit. On the opposite side of the division, near the nurse's desk are located the treatment room, formula room, pathology laboratory, utility room, medicine room with running water, and two bathrooms. The admission room is situated at the entrance of the division; this room is also used as a consultation room for parents and doctors. The playroom is adjacent to the admission room. This room is very large, permitting eight or nine children to play in it very conveniently. Only children who are patients are

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permitted in the playroom. It is well equipped with toys of all kinds, books for all ages, tables and chairs for small and large children, a swing, a radio, and a phonograph. The playroom is built resembling a house with an imitation chimney, the walls have been painted with life size pictures familiar to the experiences in a child's life.

Fifty students will be rotated through the Pediatric clinical experience in groups of twelve for twelve weeks each, the rotation of the entire class extending over a period of twelve months. Four new students will be assigned to the division every month. During the first eight weeks of this rotation the doctor's lectures are given, and nursing classes are conducted throughout the entire twelve weeks. The doctor's lectures and nursing classes will be given twice a year; twenty-five students being taught each time. The ward teaching program will be conducted four times a year.

In comparison with the Master's List¹ of diseases suggested for pediatric nursing experience, the department of pediatrics of "X" Hospital accommodates all those mentioned with the exception of communicable diseases.

¹A Curriculum Guide for Schools of Nursing, Second Revision. New York: Curriculum Committee, National League of Nursing Education, 1937, p. 582.

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^IA Curriculum Guide for Schools of Nursing, Second Edition. New York: Curriculum Committee, National League of Nursing Education, 1937, p. 203.

Arrangements are being made for the nurses to obtain experience in this field by providing an isolation unit in the hospital in the very near future. This experience will be incorporated in the pediatric nursing experience.

A survey of the literature pertaining to pediatric nursing was made. The course outline is based on the standards of pediatric nursing as suggested in the Curriculum Guide.¹ Further research in the American Journal of Nursing² yielded material in regard to the requirements of a basic course in pediatric nursing. The bulletins from Children's Bureau, National Organization of Public Health, and the American Journal of Pediatrics, have been very helpful in planning the course outline.

The text required for the course in pediatric nursing at "X" School of Nursing is Jeans and Rand, Essentials of Pediatrics.³ Texts used as references for students are listed in the Recommended Book List given in Unit V.

¹Ibid., p. 467.

²Leitzke, Ella, "Teaching in a Children's Hospital," American Journal of Nursing, XXXIX (April, 1939), 414-419.

Rood, Dorothy, "Teaching Omissions in Pediatric Nursing," American Journal of Nursing, XXXV (July, 1935), 618-622.

Rothrock, D., "Teaching in a Small Pediatric Department," American Journal of Nursing, XXXVII (July, 1937), 755-760.

³Jeans, P., Rand, W., and Blake, F., Essentials of Pediatrics (Philadelphia: J.B. Lippincott Company, 1946).

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Footnote, p. 487.

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Roberts, E. L., "Teaching in a Children's Hospital," American Journal of Nursing, XXXIX (April, 1939), 414-419.

During the coming year a careful analysis should be made of the various kinds of experience considered essential in Pediatric Nursing. At present no Nursery School experience is given, but it should be included. However, observation in the well-baby clinic and in the playroom of the out-patient department provides the student with an opportunity to develop an understanding of the normal child.

In the following Chapter an over-all plan of the entire course is outlined, and a detailed construction of the Parent-Child-Nurse Relationship is described in Unit III. In the outline of the units, the clinical experience which is given in relation to the doctor's lectures and nursing classes, will follow the latter in the presentation of their chapter for the sake of clarity and form.

Class Hours

Doctor's Lectures.....	Tuesday 2-3 P.M.
Nursing Classes.....	Thursday 2-3 P.M.
Ward Teaching	
Doctor's Clinic.....	Friday 10-11 A.M.
Nursing Clinics.....	Monday, Wednesday and Friday 6-7 P.M.

Instructors

The Pediatrician-in-Chief; the Pediatric Supervisor — teaches the classroom principles and conducts the clinical program.

Head Nurse of the Pediatric Ward -- supervises the students, and assist in the ward teaching program.

CHAPTER II

Social Worker of the Out-Patient Department --
social workers of the children.

A COURSE OUTLINE IN PEDIATRIC NURSING

Time

Physical therapists and dietitians -- conduct clinics when called upon for special classes.

1. There are a total of thirty-two hours of formal nursing classes and doctor's lectures dispensed as follows:
 - a. Nursing Classes..... 23 hours
 - b. Doctor's lectures..... 8 hours
 - c. Final Examination..... 1 hour
2. The Ward Teaching Program consists of approximately forty-eight hours, divided into demonstrations, conferences, and clinics.

Placement

This course is taught during the second semester of the student's second year.

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Nursing Classes.....	Thursday 2-3 P.M.
Ward Teaching	
Doctor's Clinic.....	Friday 10-11 A.M.
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Doctor's Lectures..... Tuesday 2-3 P.M.
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 Ward Teaching
 Doctor's Clinics..... Friday 10-11 A.M.
 Nursing Clinics..... Monday, Wednesday
 and Friday 8-9 P.M.

Instructors

The Pediatrician-in-Chief; the Pediatric Supervisor -- teaches the classroom principles and conducts the clinical program.

Head Nurses of the Pediatric Ward -- supervise the students, and assist in the ward teaching program.

Social Worker of the Out-Patient Department -- conducts conferences with the student and parents of the children.

Physical therapists and dietitians -- conduct clinics when called upon for special classes.

TABLE I

METHOD OF ROTATING STUDENTS THROUGH THE PEDIATRIC EXPERIENCE

Students	Months				
	1	2	3	4	5
A and B	Red	Green	Blue		
C and D	Green	Red	Blue		
E and F		Red	Green	Blue	
G and H		Green	Red	Blue	
I and J			Red	Green	Blue
K and L			Green	Red	Blue

Key:

- Care of School Age Child and Tonsillectomies (4 Weeks)
- Care of Infants and Formula Room Experience (4 Weeks)
- Care of the Pre-school Child (2 Weeks)
- Night Duty (2 Weeks)

Head Nurses of the Pediatric Ward -- -- super-
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Social Worker of the Out-Patient Department --
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Physical therapists and dietitians -- -- conduct
 clinics when called upon for special classes.

TABLE 1

METHOD OF ROTATING STUDENTS THROUGH THE PEDIATRIC EXPERIENCE

Students	M o n t h s				
	1	2	3	4	5
A and B	Red	Green	Blue, Grey		
C and D	Green	Red, Grey	Blue		
E and F		Red, Green	Blue, Grey		
G and H		Green, Red	Grey, Blue		
I and J			Red, Green	Blue, Grey	
K and L			Green, Red	Grey, Blue	

Key:

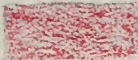

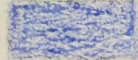

-  -- Care of School Age Child and Tonsillectomies (4 Weeks)
-  -- Care of Infants and Formula Room Experience (4 Weeks)
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OBJECTIVES OF THE COURSE

TABLE 2

TEACHING HOURS IN THE CLASSROOM AND ON THE WARD

	Weeks											
	1	2	3	4	5	6	7	8	9	10	11	12
Classroom Teaching												
Doctor's Lectures	1	1	1	1	1	1	1	1				
Nursing Classes:												
Orientation	1											
Child Growth and Development		1	1	1	1	1	1	1	2	1	2	
Parent-Child-Nurse Relationship			2									
Diseases of Children	1	1	1	1	1	1	1	1				
Final Examination												1
Ward Teaching												
Doctor's Clinics	1	1	1	1	1	1	1	1	1	1	1	1
Nursing Clinics:												
Orientation	2											
Child Growth and Development		2	2	1	1	1	1	1	1	1	2	1
Parent-Child-Nurse Relationship			1	1	1							
Diseases of Children	1	1	1	1	2	2	2	2	2	1	1	1

OBJECTIVES OF THE COURSE

1. To develop an understanding of the fundamentals of the growth and development of the normal child, including emotional, mental, and social development.
2. To develop an understanding of the differences in the disease manifestations between the child and the adult.
3. To develop an understanding of those disease processes which are characteristic of the child.
4. To develop an understanding of the value of cooperative relationships between social agencies and the hospital.
5. To develop skill in adapting previously learned principles to those of the needs of the children.
6. To develop the ability to cooperate with other agencies concerned with the child.
7. To develop skill in teaching health principles to both parents and children.
8. To develop an appreciation of the child as a growing personality and the significance of parent-child relationships.
9. To develop an appreciation of the student's responsibility to the child, family, hospital, and community.

ORIENTATION TO PEDIATRIC NURSING

NURSING CLASSES

UNIT I

Content

Method

First Week

ORIENTATION TO NURSING OF CHILDREN

AND THE CHILDREN'S DIVISION

I. Introduction

A. Objectives

B. Rules and regulations

Objectives:

C. Daily ward routines

1. To aid the student to familiarize herself with the organization, personnel, and physical characteristics of the pediatric department.

II. Nursing procedures and

2. To enable the student to understand the purposes of the course, and the requirements of their experience in pediatric nursing.

III. Experience in pediatric nursing

3. To aid the student to appreciate the organizations concerned with the health and care of children.

IV. History

A. Why did we have child care from adult's care?

B. Treatment of the sick in past years

C. Living conditions of children

D. National organizations

1. National Association of Parents and Teachers, 1897
2. The White House Conference, 1909
3. Children's Bureau of U.S. Department of Labor, 1912
4. Child Labor Law
5. Smith-Lever Act
6. American Child Health Association
7. Play Schools Association

ORIENTATION TO PEDIATRIC NURSING

CLINICAL NURSING CLASSES

Content	Method
First Week	
1 Hour	
<p>I. Introduction</p> <p>A. Objectives</p> <p>B. Rules and regulations governing the pediatric service</p> <p>C. Daily ward routines</p> <ol style="list-style-type: none"> 1. Morning rounds 2. Admission and discharge of patients 3. Evening report 4. Doctor's rounds 	<p>Lecture - by Pediatric Supervisor</p>
<p>II. Nursing procedures and Responsibilities</p>	
<p>A. Charting</p> <p>B. Administration of medications and treatments</p>	
<p>III. Experience in formula room</p> <p>A. Method of computing formulas</p> <p>B. Experience in preparation of all types of formulas</p>	
<p>IV. History of pediatrics</p> <p>A. Why divorce child care from adult care?</p> <p>B. Treatment of the sick in past years</p> <p>C. Living conditions of children</p> <p>D. National organizations</p> <ol style="list-style-type: none"> 1. National Association of Parents and Teachers, 1897 2. The White House Conference, 1909 3. Children's Bureau of U.S. Department of Labor, 1912 4. Child Labor Laws 5. Smith-Lever Act 6. American Child Health Association 7. Play Schools Association 	

STATEMENT OF FINANCIAL POSITION

FOR THE YEAR ENDING 1918

Assets

Liabilities

<ul style="list-style-type: none"> 1. Cash 2. Accounts receivable 3. Inventory 4. Prepaid expenses 5. Other assets 	<ul style="list-style-type: none"> 1. Accounts payable 2. Notes payable 3. Other liabilities 4. Capital 5. Reserves
---	--

ORIENTATION TO PEDIATRIC DEPARTMENT

CLINICAL EXPERIENCE

Content	Student Activity
First Week	
2 Hours	
Orientation to Pediatric Ward (by Head Nurse)	Study patient's charts Observation
I. Physical set-up	Introduction to personnel
A. Bed capacity - plan of placement	through the clinic following demonstration
B. Segregation of sexes, clean and contaminated cases	Read literature in library
C. Fire exits, and extin- guishers	
D. Crib sides, locked screens and doors, safety pins and suit- able toys	
E. Admission room and play- room	
F. Pathology laboratory	
G. Ward library	
II. Orientation to the patients	Study patient's charts and day order book
A. Special types	
B. Infant ward	
C. Older child's ward	Return bath demonstra- tion
D. Demonstration of baby bath	
III. Records	
A. Kardex	Examine records for methods of carrying out procedures
B. Requisitions for X-ray, laboratory and pharmacy	
	Question period
Orientation to Out-Patient Department (by Head Nurse)	Observation
I. Types of patients	
A. All clinic cases	Accompany head nurse admitting a patient through the clinic
B. Residents of the city	
C. Need for care	
II. Physical set-up	
A. Days for pediatric clinic	
B. Equipment for emergency care	
C. Provisions for safety	

ORIENTATION TO PEDIATRIC DEPARTMENT
CLINICAL EXPERIENCE

Student Activity	Content
	<u>First Week</u> 8 Hours
Observation	Orientation to Pediatric Ward
Introduction to personnel	(by Head Nurse) I. Physical set-up A. Bed capacity - plan of placement B. Segregation of sexes, clean and contaminated cases C. Fire exits, and exit-guidance D. Grip aids, locked screens and doors, safety pins and exit-able toys E. Admission room and play room F. Pathology laboratory G. Ward library
Study patient's chart and day order book	II. Orientation to the patients A. Special types B. Infant ward C. Older child's ward D. Demonstration of baby bath
Return bath demonstration	III. Records A. Index B. Regulations for X-ray, laboratory and pharmacy
Examine records for methods of carrying out procedures	Orientation to Out-Patient Department (by Head Nurse)
Question period	I. Types of patients A. All clinic cases B. Residents of the city C. Need for care
Observation	II. Physical set-up A. Days for pediatric clinic B. Equipment for emergency care C. Provisions for safety
accompany head nurse admitting a patient through the clinic	

CLINICAL EXPERIENCE (Cont'd.)

Content	Student Activity
First Week (Cont'd.)	UNIT II
III. Records	Study patient's charts
A. Family	
B. Individual	
C. Chart	
IV. Procedure for admission	Admission of child through the clinic following demonstration
V. Clinic Library	
1. To aid the student in whole process by which natures, in order that she may appreciate the total child.	Read literature in library
2. To help the student develop an understanding of the mal-adjustments of children; the prevention and correction of them.	
3. To train the student to develop an appreciation of the social, economic, and spiritual significance of childhood.	
4. To stimulate an interest in the student to cooperate with the agencies concerned with growth and development of children.	

CLINICAL EXPERIENCE (Cont'd.)

Student Activity	Content
Study patient's charts	First Year (Cont'd.)
Admission of child through the clinic following demonstration	III. Records A. Family B. Individual C. Chart IV. Procedure for admission V. Clinic library
Read literature in library	

CHILD GROWTH AND DEVELOPMENT

NURSING CLASS

Content

Method

UNIT II

Second and Third Years

3 Hours

CHILD GROWTH AND DEVELOPMENT

1. Infancy (birth to one year)

Lecture - by

A. Physical characteristics

Pediatric Supervisor

Objectives:

Dr. Jessell's films showing growth and development of the infant

1. To aid the student in understanding the whole process by which the individual matures, in order that she may appreciate the total child.

4. Gastro-intestinal tract

Charts showing dentition

2. To help the student develop an understanding of the mal-adjustments of children; the prevention and correction of them.

7. Blood circulation and heart changes

3. To train the student to develop an appreciation of the social, economic, and spiritual significance of childhood.

8. Abdomen

4. To stimulate an interest in the student to cooperate with the agencies concerned with growth and development of children.

10. Glans

11. Scrotum

12. Genitalia

13. Skin

14. Temperature

15. Special senses

B. Behavior development

1. Motor ability

a. Mass activity

b. Positive reaction to comfort

c. Negative reaction to pain

2. Senses

3. Personality

UNIT II

CHILD GROWTH AND DEVELOPMENT

Objectives:

1. To aid the student in understanding the whole process by which the individual matures, in order that she may appreciate the total child.
2. To help the student develop an understanding of the mal-adjustments of children; the prevention and correction of these.
3. To train the student to develop an appreciation of the social, economic, and spiritual significance of childhood.
4. To stimulate an interest in the student to cooperate with the agencies concerned with growth and development of children.

CHILD GROWTH AND DEVELOPMENT

NURSING CLASSES

Content	Method
Second and Third Weeks	
2 Hours	
I. Infancy (birth to one year)	Lecture - by Pediatric Supervisor
A. Physical characteristics	
1. Weight	
2. Height	Dr. Gesell's films showing growth and development of the infant
3. Head	
a. Sutures	
b. Fontanelles	
c. Sinuses	Discussion and question period following film
d. Brain	
e. Spinal cord and nerves	
4. Gastro-intestinal tract	
5. Dentition	Charts showing dentition development
6. Chest	
a. Lungs	
b. Respiration	
7. Blood circulation and heart changes	
a. Fetal circulation	Chart showing fetal circulation
b. Changes in circulation at birth	
c. Heart size and pulse	
8. Abdomen	
9. Excretory organs	
10. Glands of internal secretion	
11. Genitalia	
12. Skin	
13. Temperature	
14. Special senses	
B. Behavior development	
1. Motor ability	
a. Mass activity	
b. Positive reaction to comfort	
c. Negative reaction to pain	
2. Senses	
3. Personality	

CHILD GROWTH AND DEVELOPMENT

NURSING CLASSES

Method	Content
	<u>Second and Third Weeks</u> 2 Hours
Lecture - by Pediatric Supervisor	I. Infancy (birth to one year) A. Physiological characteristics
Dr. Gezell's films showing growth and development of the infant	1. Weight 2. Height 3. Head
Discussion and question period following film	4. Sutures 5. Fontanelles 6. Sinuses 7. Brain 8. Spinal cord and nerves
Charts showing dentition development	9. Gastro-intestinal tract 10. Dentition 11. Chest
Chart showing fetal circulation	12. Lungs 13. Respiration 14. Blood circulation and heart changes
	15. Fetal circulation 16. Changes in circulation at birth 17. Heart size and pulse
	18. Abdomen 19. Excretory organs 20. Glands of intestinal secretion
	21. Genitalia 22. Skin
	23. Temperature 24. Special senses
	B. Behavior development 1. Motor activity
	2. Mass activity 3. Positive reaction to comfort 4. Negative reaction to pain
	5. Senses 6. Personality

NURSING CLASSES (Cont'd.)

Content	Method
Second and Third Weeks (Cont'd.)	
C. Nutrition	
1. Nutritional requirements	
2. Digestion in infancy	
a. Salivary	Attendance at the well-baby clinic
b. Gastric	
c. Intestinal	
3. Stools in infancy	Observation and a comparative study of babies cared for on the ward
a. Stools of the newborn	
b. Stools of the breast-fed infant	
c. Stools of the artificially fed infant	Observation of the infant playing -- his response to toys
4. Standards of proper feeding for a normal infant	
a. Weight gain	
b. Growth	Prepare a play paper after observation of experimental play
c. Baby appears satisfied (no undue crying, sleeps after eating)	
d. Washable materials, hard finishes which do not chip	Observe and report the differences of children from a physical and emotional standpoint, of a breast-fed and an artificially fed infant
e. Toys with rounded edges, no eyes and no pins	
C. Nutrition	
1. Breast feeding	
a. Composition and caloric value	Demonstrate the technique of feeding infants -- the position for holding and "nubbling" the baby
b. Advantages and disadvantages	
c. Contraindications	
2. Artificial feeding	
a. Composition and caloric value	
b. Advantages and disadvantages	
c. Contraindications	
3. Formula laboratory experience	Preparation of the formula laboratory, and experience in preparing all types of formulas
a. Preparation of all types of formulas	

CHILD GROWTH AND DEVELOPMENT

CLINICAL EXPERIENCE

Content	Student Activity
Second and Third Weeks	
4 Hours	
Conference:	
I. Normal infant	Attendance at the well-baby clinic
A. Physical characteristics	Observation and a comparative study of babies cared for on the ward
<ol style="list-style-type: none"> 1. Compare differences of male and female 2. Reaction to examination 3. Compare growth and development from the physical and emotional standpoint 	
B. Behavior development	Observation of the infant playing -- his response to toys
<ol style="list-style-type: none"> 1. Toy selection <ol style="list-style-type: none"> a. Objects to <u>look at</u>, <u>listen to</u>, <u>to shake</u> and <u>hold</u>, <u>to bite</u>, and <u>drop</u> b. Choose bright colors and different shapes c. Washable materials, hard finishes which do not chip d. Toys with rounded edges, no eyes and no pins 	Prepare a play paper after observation of experimental play
C. Nutrition	Observe and report the differences of children from a physical and emotional standpoint, of a breast-fed and an artificially fed infant
1. Breast feeding	Demonstrate the technique of feeding infants -- the position for holding and "bubbling" the baby
<ol style="list-style-type: none"> a. Composition and caloric value b. Advantages and disadvantages c. Contraindications 	
2. Artificial feeding	
<ol style="list-style-type: none"> a. Composition and caloric value b. Advantages and disadvantages c. Contraindications 	
3. Formula laboratory experience	Preparation of the formula laboratory, and experience in preparing all types of formulas
<ol style="list-style-type: none"> a. Preparation of all types of formulas 	

CHILD GROWTH AND DEVELOPMENT
CLINICAL EXPERIENCE

Student Activity	Content
<p>Attendance at the well-baby clinic</p> <p>Observation and a comparative study of babies cared for on the ward</p> <p>Observation of the infant playing -- his responses to toys</p> <p>Prepare a play paper after observation of experimental play</p> <p>Observe and report the differences of children from a physical and emotional standpoint, of a breast-fed and an artificially fed infant</p>	<p><u>Second and Third Weeks</u> 4 Hours</p> <p>Conference:</p> <p>I. Normal infant</p> <p>A. Physical characteristics</p> <ol style="list-style-type: none"> 1. Compare differences of male and female 2. Reaction to examination 3. Compare growth and development from the physical and emotional standpoint <p>B. Behavior development</p> <ol style="list-style-type: none"> 1. Toy selection <ol style="list-style-type: none"> a. Objects to look at, taste, to shake and hold, to bite, and drop b. Choose bright colors and different shapes c. Washable materials, hard finishes which do not chip d. Toys with rounded edges, no eyes and no pins <p>C. Nutrition</p> <ol style="list-style-type: none"> 1. Breast feeding <ol style="list-style-type: none"> a. Composition and caloric value b. Advantages and disadvantages c. Contraindications 2. Artificial feeding <ol style="list-style-type: none"> a. Composition and caloric value b. Advantages and disadvantages c. Contraindications 3. Formula laboratory <ol style="list-style-type: none"> a. Preparation of all types of formulas b. Preparation of the formula laboratory, and experience in preparing all types of formulas

CHILD CARE AND DEVELOPMENT (Cont'd.)
NURSING CLASSES
CLINICAL EXPERIENCE (Cont'd.)

Content	Student Activity
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Second and Third Weeks (Cont'd.)

<ul style="list-style-type: none"> b. Computing formulas c. Costs of ingredients 4. Introduction of solid foods <ul style="list-style-type: none"> a. One new food at a time b. Alternate solid food with formula c. Gradual increase of amount and variety 	<p>Preparing and serving solid foods to a one year old child</p> <p>Use of different age levels to demonstrate growth and development</p>
<ul style="list-style-type: none"> C. Nutrition <ul style="list-style-type: none"> 1. Increasing the diet 2. Do not force the child to eat 	<p>Discussion and question period</p>
<ul style="list-style-type: none"> D. Formation of habits <ul style="list-style-type: none"> 1. Sleeping and eating 2. Rest and play 	
<ul style="list-style-type: none"> E. Motor development <ul style="list-style-type: none"> 1. Appears in a systematic manner 2. Occure rapidly 3. Most of the learning in the first year is motor control 	
<ul style="list-style-type: none"> F. Language development 	
<ul style="list-style-type: none"> G. Social and emotional development <ul style="list-style-type: none"> 1. Contact with other infants 2. Free play 	

CHILD GROWTH AND DEVELOPMENT (Cont'd.)

NURSING CLASSES

Content	Method
<u>Fourth Week</u>	
1 Hour	
II. The child from one to two years	Lecture - by Pediatric Supervisor
A. Physical growth 1. Height and weight growth rapid 2. Periodic examination	Present children of the different age levels to demonstrate growth and development
B. Dentition 1. Malocclusion 2. Thumb sucking	
C. Nutrition 1. Increasing the diet 2. Do not force the child to eat	Discussion and question period Supervise the mealtime of the two year old child
D. Formation of habits 1. Sleeping and eating 2. Rest and play	Preparation and introduction of new foods
E. Motor development 1. Appears in a systematic manner 2. Occurs rapidly 3. Most of the learning in the first year is motor control	
F. Language development	
G. Social and emotional development 1. Contact with other infants 2. Free play	

CHILD GROWTH AND DEVELOPMENT (Cont'd.)

CLINICAL EXPERIENCE

Content	Student Activity
<u>Fourth Week</u>	
1 Hour	
Conference:	
II. The child from one to two years	Experience with age group -- bathing the child and observing the motor development
A. Motor co-ordination	Discussion and question period following the film
<ol style="list-style-type: none"> 1. Steps of sequence of locomotor development 2. Adequate provision for motor growth <ol style="list-style-type: none"> a. Rest, sleep b. Fresh air and sunshine 	
B. Nutrition	Supervise the mealtime of the two year old child
<ol style="list-style-type: none"> 1. Introduction of new foods 2. Extra fluids and Vitamin D 3. Give water freely between meals 	Preparation and introduction of new foods
C. Motor and social development	
<ol style="list-style-type: none"> 1. Toy selection <ol style="list-style-type: none"> a. As he gains control of muscles give him toys: <ol style="list-style-type: none"> 1) To push, pull, to fit together and take apart 2) Blocks, pegboard, stuffed animals and trains to push about 	
E. Nutrition	Present children who are feeding problems and compare with the normal child
<ol style="list-style-type: none"> 1. Dietary requirements 2. Sources of constituents 3. Good food habits <ol style="list-style-type: none"> a. Do not force child to eat 	

CHILD GROWTH AND DEVELOPMENT (Cont'd.)

NURSING CLASSES

Content	Method
Fifth, Sixth, and Seventh Weeks (Cont'd.)	Method
<u>Fifth, Sixth, and Seventh Weeks</u>	
3 Hours	
<p>III. The Pre-school child</p> <p>A. Physical development</p> <ol style="list-style-type: none"> 1. Frequent examination to eliminate later difficulties 2. Effect of environment and disease on development <p>B. Mental development</p> <ol style="list-style-type: none"> 1. Factors influencing behavior 2. Stages in speech development 3. Reflective thinking 4. Memory <p>C. Emotional and personality development</p> <ol style="list-style-type: none"> 1. Emotional development rapid and complex <ol style="list-style-type: none"> a. Anger b. Jealousy c. Fear d. Temper tantrums e. Masturbation 2. Guidance <ol style="list-style-type: none"> a. Sex education b. Value of emotions c. Discipline <p>D. Social development</p> <ol style="list-style-type: none"> 1. Development of habits 2. Acceptance of people outside the family <p>E. Nutrition</p> <ol style="list-style-type: none"> 1. Dietary requirements 2. Sources of constituents 3. Good food habits <ol style="list-style-type: none"> a. Do not force child to eat 	<p>Lecture - by Pediatric Supervisor</p> <p>Gesell's film -- "March of Time"</p> <p>Discussion and question period following the film</p> <p>Present children who are feeding problems and compare with the normal child</p>

CHILD NURSING CLASSES (Cont'd.)

Content	Method
Fifth, Sixth, and Seventh Weeks (Cont'd.)	
<p>b. Good example c. Happy meal time 4. Feeding problems a. Inducing the child to eat b. Emotional factors 5. Feeding the sick child F. Play time for the child</p> <p>2. Compare physical and emotional characteristics</p> <p>B. Safety measures 1. Guarded stairways 2. Locked screens and windows 3. Safe cribs/beds 4. Clean floors 5. Closed safety-pins</p> <p>C. Feeding the pre-school child 1. Palatable and attractive foods 2. Encourage self feeding 3. Teach good food habits 4. Provide suitable environment 5. Make the child comfortable</p> <p>D. Play for the bed patient 1. Selection will depend on type of illness 2. Dramatic and imitative play 3. Creative and manipulative materials</p>	<p>Observation</p> <p>Opportunities to care</p> <p>Display toys appropriate for the pre-school child</p> <p>Observation of the physical and emotional characteristics while bathing the pre-school child</p> <p>Preparation for the rest hour</p> <p>Visit the ward and point out dangers to be aware of in the hospital and home</p> <p>Supervise the mealtime</p> <p>Preparation of the child's tray</p>

CHILD GROWTH AND DEVELOPMENT (Cont'd.)

CLINICAL EXPERIENCE

Content	Student Activity
<u>Fifth, Sixth, and Seventh Weeks</u> 3 Hours	
Conference:	Lecture - by supervisor
III. The Pre-school child	Observation
A. Physical characteristics	Opportunities to care for the pre-school child
1. Present different age groups	
2. Compare physical and emotional characteristics	Observation of the physical and emotional characteristics while bathing the pre-school child
B. Safety measures	
1. Guarded stairways	Preparation for the rest hour
2. Locked screens and windows	
3. Safe cribsides	Visit the ward and point out dangers to be aware of in the hospital and home
4. Clean floors	
5. Closed safety pins	Supervise the mealtime
C. Feeding the pre-school child	
1. Palatable and attractive foods	Preparation of the child's tray
2. Encourage self feeding	
3. Teach good food habits	Show the film "Play Is Our Business"
4. Provide suitable environment	Discussion and question period following film
5. Make the child comfortable	
D. Play for the bed patient	
1. Selection will depend on type of illness	
2. Dramatic and imitative play	
3. Creative and manipulative materials	
1. Opportunity to express their feelings	
2. Need for affection and approval	
3. Gives an understanding about themselves and their world	

CHILD GROWTH AND DEVELOPMENT (Cont'd.)

NURSING CLASSES

Content	Method
<u>Eighth and Ninth Weeks</u>	
3 Hours	
IV. Late Childhood (6 to 12 years)	Lecture - by
A. Physical growth	Pediatric Supervisor
1. Acceleration of growth	Children in the age group, six to twelve years
2. Posture	Student nurse accompanies a group of children to the zoo
3. Changes in body proportions	Student nurse takes a group of children to the roof garden for story telling
4. Develop good habits in relation to growth	Supervision of the rest hour - maintaining quiet during the rest period
B. Mental development	Assist children to plan and carry out hobbies
1. Anxious for information	Display suitable clothes for children to wear in the hospital
2. Varied interests and abilities	
C. Emotional development	
1. Need for guidance	
2. Adjustment to school	
3. Growing independence	
4. Parent-child relationships	
D. Social development	
1. Change from individual to group play	
2. Seek companionship and cooperation	
3. Sportsmanship and cooperation	
4. Moral development	
E. Nutrition	
1. Nutritious foods are essential	
2. Necessity of well-balanced school lunch	
F. Play period	Show the film "Play Is Our Business"
1. Opportunity to express their feelings	Discussion and question period following film
2. Need for affection and approval	
3. Gives an understanding about themselves and their world	

CHILD GROWTH AND DEVELOPMENT (Cont'd.)

CLINICAL EXPERIENCE

Content	Student Activity
<u>Eighth and Ninth Weeks</u> 3 Hours	
Clinic: (demonstration)	
IV. Late Childhood	Lecture - by Nursing care of children in the age group, six to twelve years
A. Physical growth	
1. Show difference in male and female growth 2. Need for rest 3. Need for outdoor exercise	Student nurse accompanies a group of children to the zoo
B. Play program	
1. Make a collection of source material, book lists, exhibits, suitable movies 2. Planning and taking trips 3. Stimulating interest 4. Encouraging hobbies 5. Creating situations for service	Student nurse takes a group of children to the roof garden for story telling Supervision of the rest hour - maintaining quiet during the rest period
C. Clothing for day wear in the hospital	Assist children to plan and carry out hobbies
1. Dress children as normally as possible 2. Dress children according to their sex 3. Clothing should be comfortable	Display suitable clothes for children to wear in the hospital
1. Favorites are selective and capricious	
2. Favorite foods are indulged in	
3. Need for mineral salts because body is making bone	
4. Develop good food habits	

CHILD GROWTH AND DEVELOPMENT (Cont'd.)

NURSING CLASSES

Content	Method
<u>Tenth and Eleventh Weeks</u> 3 Hours	
<p>V. Adolescence</p> <p>A. Physical changes</p> <ol style="list-style-type: none"> 1. Height and weight increase 2. Body begins to round out towards adult form 3. New growth of hair 4. Development of other secondary sex characteristics <p>B. Mental development</p> <ol style="list-style-type: none"> 1. Intellect 2. Will 3. Emotions <p>C. Emotional development</p> <ol style="list-style-type: none"> 1. Causes of emotions 2. Manifestations of emotions 3. Fluctuation of emotions 4. Desire for emotional experience <p>D. Social development</p> <ol style="list-style-type: none"> 1. Emancipation from home 2. Formation of cliques 3. Relationship with opposite sex 4. Teaching sex education <p>E. Nutrition</p> <ol style="list-style-type: none"> 1. Tastes are selective and capricious 2. Favorite foods are indulged in 3. Need for mineral salts because body is making bone 4. Develop good food habits 	<p>Lecture - by Pediatric Supervisor</p>

CHILD GROWTH AND DEVELOPMENT (Cont'd.)

CLINICAL EXPERIENCE

Content	Student Activity
<u>Tenth and Eleventh Weeks</u> 3 Hours	
Clinic: (demonstration)	
<p>V. Adolescence</p> <p>A. Sex hygiene</p> <ol style="list-style-type: none"> 1. Importance of personal hygiene, such as daily baths 2. Provide well-fitting clothes 3. Provide guidance and supervision for children who congregate in secrecy 4. Provide comfortable sleeping quarters, fresh air, and ventilation to insure good healthful sleep 5. Explain menstruation and the necessary care the girl should take of herself 6. Call on the resident Chaplain to settle any moral or ethical problems bothering the adolescent 	<p>Student nurses participate in a project presenting good references on sex education for parents and children</p>
<p>B. Recreation</p> <ol style="list-style-type: none"> 1. Hobbies - encourage the adolescent to interest himself in some constructive work 2. Outdoor exercise is important 3. Use of the radio 	<p>Interview adolescents to discover their interest in sports and hobbies</p>
<p>C. Nutrition</p> <ol style="list-style-type: none"> 1. Teach the adolescent the necessary food requirements 2. Explain the substitutions which can be made to meet economic status 	<p>Student nurses present the seven basic foods in the form of a display</p>

PLANT BREEDING

Description of variety	Yield
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PARENT-CHILD-NURSE RELATIONSHIP

UNIT III

Content

Method

PARENT-CHILD-NURSE RELATIONSHIP

Objectives:

1. To help the student acquire an understanding of the child as a growing individual with a personality to be respected.
2. To aid the student in understanding the purpose of parent-child relationships.
3. To help the student develop an appreciation of the nurse's responsibility in understanding the physical, emotional, social, and spiritual growth of the child.
4. To enable the student to establish good rapport with parents, so that she may aid the family in the rehabilitation of the child.

UNIT III

PARENT-CHILD-NURSE RELATIONSHIP

Objectives:

1. To help the student acquire an understanding of the child as a growing individual with a personality to be respected.
2. To aid the student in understanding the purpose of parent-child relationships.
3. To help the student develop an appreciation of the nurse's responsibility in understanding the physical, emotional, social, and spiritual growth of the child.
4. To enable the student to establish good rapport with parents, so that she may aid the family in the rehabilitation of the child.

PARENT-CHILD-NURSE RELATIONSHIP (Cont'd.)

PARENT-CHILD-NURSE RELATIONSHIP

Content	Method
Third Week 2 Hours	
I. Admission room A. Establishing good rapport B. Physical examination C. History examination	Lecture - by Pediatric Supervisor
II. Placement of the child on the ward A. Age B. Sex C. Disease	Gain a knowledge of young child's language from the mother Explain regulations and rules of hospital in reference to visiting hours, food, and toys Learn family background and environment to see the effects on the disease
III. Types of personality A. Rebellious child B. Aggressive child C. Angry child	Permit the parent to address the child
IV. Establishing the sick child in bed A. First bath B. Preventing unnecessary discomfort C. Restraints D. Safety measures	Teach the parent how to get along with the physical examination Explain the examination and child's response Show a film on safety measures to be employed in the home
V. Visiting hours A. The nurse as a teacher B. A time for learning	Question and discussion period following the film

PARENT-CHILD-NURSE RELATIONSHIP

Method	Content
Lecture - by Pediatric Supervisor	I. Admission room A. Establishing good rapport B. Physical examination C. History examination
	II. Placement of the child on the ward A. Age B. Sex C. Disease
	III. Types of personality A. Rebellious child B. Aggressive child C. Angry child
Show a film on safety measures to be employed in the home	IV. Establishing the sick child in bed A. First bath B. Preventing unnecessary discomfort C. Restraints D. Safety measures
Question and discussion period following the film	V. Visiting hours A. The nurse as a teacher B. A time for learning

Third Week
3 Hours

PARENT-CHILD-NURSE RELATIONSHIP (Cont'd.)

Principles	Student Activity
Third, Fourth, and Fifth Weeks	
3 Hours	Demonstration and observation
<p>I. Admission Room The child should be prepared for the hospitalization by his mother previous to admittance</p> <p>A. Establishing parent-child-nurse relationship by sympathy, consideration, and reassurance</p> <p>B. Physical examination. Endeavor to accomplish this task with the least amount of psychological trauma</p> <p>C. History examination. Realization of those aspects which will effect the adjustment of the child to the hospital</p>	<p>I. Student admits the patient under supervision of head nurse</p> <p>A-1. Gain a knowledge of young child's language from the mother</p> <p>2. Explain regulations and rules of hospital in reference to visiting hours, food, and toys</p> <p>3. Learn family background and environment to see the effects on the disease</p> <p>B-1. Permit the parent to undress the child</p> <p>2. Teach the parent how to assist with the physical examination</p> <p>3. Explain the examination and use of instruments to the child and parent</p> <p>4. Avoid unnecessary exposure, and cover the patient with a blanket to prevent a feeling of insecurity</p> <p>C-1. Calm the anxieties and fears of parents in relation to economic insecurity, by directing them to the proper social agency for aid</p> <p>2. Assure the parents that the religious welfare of the patient will be provided for</p>

PARENT-CHILD-NURSE RELATIONSHIP (Cont'd.)

Student Activity	Principles
Third, Fourth, and Fifth Weeks	
Demonstration and observation	8 Hours
1. Student admits the patient under supervision of head nurse	1. Admission Room The child should be prepared for the hospitalization by his mother previous to admission
A-1. Gain a knowledge of young child's language from the mother	A. Establishing parent-child-nurse relationship by sympathy, consideration, and reassurance
2. Explain regulations and rules of hospital in reference to visiting hours, food, and toys	
3. Learn family background and environment to see the effects on the disease	
B-1. Permit the parent to witness the child	B. Physical examination. However to accomplish this task with the least amount of psychological trauma
2. Teach the parent how to assist with the physical examination	
3. Explain the examination and use of instruments to the child and parent	
4. Avoid unnecessary exposure and cover the patient with a blanket to prevent a feeling of insecurity	
O-1. Gain the anxieties and fears of parents in relation to economic insecurity by directing them to the proper social agency for aid	C. History examination. Realization of those aspects which will affect the adjustment of the child to the hospital
2. Assure the parents that the religious welfare of the patient will be provided for	

PARENT-CHILD-NURSE RELATIONSHIP (Cont'd.)

Principles	Student Activity
Third, Fourth, and Fifth Weeks (Cont'd.)	
<p>III. Types of personality. Behavior of the child in the hospital depends on types</p> <p>II. Placement of the child on the ward. Placement should be made on the basis of the child's emotional and social needs rather than disease, whenever possible</p> <p>A. Age</p> <p>B. Sex</p> <p>C. Disease. Establish a sense of security to help fight disease</p>	<p>3. Interpret the doctor's diagnosis and treatment of the child in simple language</p> <p>II. Demonstration and observation</p> <p>A-1. Introduce the child to the patients in the ward</p> <p>2. The nurse should tell the patient her name and explain to him that there are other nurses there to help him</p> <p>3. Familiarize the child with ward, bathroom, and playroom</p> <p>4. Explain the use of the call system, and need for taking temperatures, use of bedpan, and other procedures</p> <p>5. Provide toys, books, or some type of entertainment which will give the child something to do</p> <p>6. Provide a bedside table or bag for the possession of the child</p> <p>B-1. Place the child near convalescent rather than acutely ill children</p> <p>2. Teach the child the necessity of good health habits of nutrition, sleep, and exercise</p> <p>3. Explain the necessity for medications and treatments</p> <p>4. Protect the acutely ill child from emotional tension, and adjustments to too many different nurses</p>

PARENT-CHILD-NURSE RELATIONSHIP (Cont'd.)

Student Activity	Principles
Third, Fourth and Fifth Years (Cont'd.)	
<p>3. Interpret the doctor's diagnosis and treatment of the child in simple language</p>	
<p>II. Demonstration and observation</p>	<p>II. Placement of the child on the ward. Place - ward should be made on the basis of the child's emotional and social needs rather than disease, whenever possible</p>
<p>4-1. Introduce the child to the patients in the ward 2. The nurse should tell the patient her name and explain to him that there are other nurses there to help him</p>	<p>A. Age</p>
<p>3. Familiarize the child with ward, bathroom, and playroom 4. Explain the use of the call system, and need for taking temperatures, use of bedpan, and other procedures</p>	<p>B. Sex</p>
<p>5. Provide toys, books, or some type of entertainment which will give the child something to do 6. Provide a bedside table or bag for the possession of the child</p>	
<p>0-1. Place the child near non-venereal rather than acutely ill children 2. Teach the child the necessity of good health habits of nutrition, sleep, and exercise</p>	<p>C. Disease. Establish a sense of security to help fight disease</p>
<p>3. Explain the necessity for medications and treatments 4. Protect the acutely ill child from emotional reaction, and adjustments to too many different nurses</p>	

PARENT-CHILD-NURSE RELATIONSHIP (Cont'd.)

Principles	Student Activity
<u>Third, Fourth, and Fifth Weeks (Cont'd.)</u>	
<p>III. Types of personality. Behavior of the child in the hospital depends on types of illness and experiences in life</p>	<p>III. Lecture and observation</p>
<p>A. Rebellious child. Knowledge of the fears and responses, their reactions and treatment</p>	<p>A-1. Use calm, firm, positive voice quickly and effectively when dealing with temper tantrums</p> <p>2. If mother is threatening or bribing the child, tell her these tactics would not be used in the hospital</p> <p>3. Separate mother and child if she cannot control him</p> <p>4. Approach the child with a friendly manner - a hand shake or caress</p> <p>5. If kindness is not effective, ignoring the child helps him to realize the futility of temper tantrums</p>
<p>B. Aggressive, un-disciplined child. Self-assertion is a desirable trait, when not excessive, and should be utilized to bring constructive good to the child</p>	<p>B-1. Point out the results of approved behavior, and that of undesirable behavior</p> <p>2. Give the child responsibility and praise for good behavior</p> <p>3. Ignore the child, and avoid over-emphasis by refraining from too much attention</p>
<p>C. Angry child. This emotional response is more often aroused among young children than any other response</p>	<p>C-1. Avoid sudden and unexpected movements when caring for the young child</p> <p>2. Avoid feelings of partiality</p> <p>3. The nurse should not make sudden demands without warning and preparing the child</p>

PARENT-CHILD-NURSE RELATIONSHIP (Cont'd.)

Student Activity	Principles
Third, Fourth, and Fifth Weeks (Cont'd.)	
III. Types of personality. III. Lecture and observation	<p>Behavior of the child in the hospital depends on types of illness and experiences in life</p>
<p>4. A-1. Use calm, firm, positive voice quickly and effectively when dealing with temper tantrums</p> <p>3. If mother is interfering or cribbing the child, tell her these factors would not be used in the hospital</p> <p>2. Separate mother and child if she cannot control him</p> <p>4. Approach the child with a friendly manner - a hand shake or pat</p> <p>5. If kindness is not effective ignoring the child helps him to realize the futility of temper tantrums</p>	<p>4. A. Rebellious child. Knowledge of the fears and responses, their reactions and treatment</p>
<p>1. Point out the results of approved behavior, and that of undesirable behavior</p> <p>2. Give the child responsibility and praise for good behavior</p> <p>3. Ignore the child, and avoid over-emphasis by returning from too much attention</p>	<p>B. Aggressive, un-disciplined child. Self-assertion is a desirable trait when not excessive, and should be utilized to bring constructive good to the child</p>
<p>0-1. Avoid sudden and unexpected movements when caring for the young child</p> <p>2. Avoid feelings of partiality</p> <p>3. The nurse should not make sudden demands without warning and preparing the child</p>	<p>C. Angry child. This emotional response is more often crossed among young children than any other response</p>

PARENT-CHILD-NURSE RELATIONSHIP (Cont'd.)

Principles	Student Activity
Third, Fourth, and Fifth Weeks (Cont'd.)	
<p>3. Restraints. Physical force is sometimes necessary, and often a kindness under certain con-</p>	<p>4. Avoid restraints and allow freedom for movement when dressing the child, and when making beds</p>
<p>IV. Establishing the sick child in bed</p>	<p>IV. Demonstration, lecture, and observation</p>
<p>A. The first bath</p>	<p>A-1. Provide privacy for the bath</p> <p>2. Permit the child to play during the bath; do not rush him</p> <p>3. Observe the child for any abnormalities, pediculi, rashes, etc.</p> <p>4. The nurse should take this opportunity to establish good relationships</p> <p>5. Allowing child to do things for himself if he is able</p>
<p>B. Preventing unnecessary discomfort. Cooperation from the child is essential to provide the best possible care and comfort</p>	<p>B-1. The nurse must have the attitude of expectancy and faith in the child's willingness to cooperate</p> <p>2. Permit the child to hold the glass of medicine</p> <p>3. The nurse must assume the attitude of relaxation and patient waiting, whenever performing tasks for the child</p> <p>4. Acutely ill children must be given a special type of consideration, because he is less stable emotionally than the convalescent child</p> <p>5. Efficient nursing care without too much emphasis on appearances provide comfort and ease</p>

PARENT-CHILD-NURSE RELATIONSHIP (Cont'd.)

Student Activity	Principles
Third, Fourth, and Fifth Weeks (Cont'd.)	
<p>4. Avoid restraints and allow freedom for movement when dressing the child, and when making beds</p>	
<p>IV. Demonstration, lecture, and observation</p>	<p>IV. Establishing the role of child in bed</p>
<p>A-1. Provide privacy for the bath</p>	<p>A. The first bath</p>
<p>2. Permit the child to play during the bath; do not wash his</p>	
<p>3. Observe the child for any spots, rashes, pediculosis, etc.</p>	
<p>4. The nurse should take this opportunity to establish good relationships</p>	
<p>5. Allow child to do things for himself if he is able</p>	
<p>B-1. The nurse must have the attitude of expectancy and faith in the child's willingness to cooperate</p>	<p>B. Preventing unnecessary discomfort. Co-operation from the child is essential to provide the best possible care and comfort</p>
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PARENT-CHILD-NURSE RELATIONSHIP (Cont'd.)

Principles	Student Activity
<u>Third, Fourth, and Fifth Weeks (Cont'd.)</u>	
<p>C. Restraints. Physical force is sometimes necessary, and often a kindness under certain conditions</p>	<p>C-1. The nurse must never resort to arguments, bargainings, coaxings, and pleading</p> <p>2. Give the child a chance to make a decision, but once it is made there should be no revoking of it</p> <p>3. When it is necessary to hurt the child severely it is better to restrain him to prevent unavoidable trauma if he were to move under the treatment</p> <p>4. Anger must never accompany force</p> <p>5. After having restrained the child the nurse should explain that she was sorry to have to do so, but she realizes that he will be more brave the next time</p>
<p>D. Safety measures. Every provision must be made for the safety of children</p>	<p>D-1. The nurse must be constantly aware of the need of supervision of small children</p> <p>2. Crib-sides should never be left down</p> <p>3. The choice of toys should be large enough that they may not be swallowed, that pins cannot be removed. Lead toys should never be given to children</p> <p>4. Stairways and windows should be protected by locked screens or other guards</p> <p>5. Teach the child the harmful effects resulting from violation of rules and regulations of safety</p>

PARENT-CHILD-NURSE RELATIONSHIP (Cont'd.)

Student Activity	Principles
<p>Table Fourth and Fifth Weeks (Cont'd.)</p>	
<p>0-1. The nurse must never resort to arguments, bargaining, coaxing, and pleading. Give the child a chance to make a decision, but once it is made there should be no revoking of it.</p> <p>2. When it is necessary to hurt the child severely it is better to restrain him to prevent unavoidable trauma if he were to move under the treatment.</p> <p>4. Anger must never accompany force.</p> <p>5. After having restrained the child the nurse should explain that she was sorry to have to do so, but she realizes that he will be more brave the next time.</p>	<p>0. Restraints. Physical force is sometimes necessary and often a kindness under certain conditions.</p>
<p>D-1. The nurse must be constantly aware of the need of supervision of small children. Crutches should never be left down.</p> <p>3. The choice of toys should be large enough that they may not be swallowed, that pins cannot be removed, lead toys should never be given to children.</p> <p>4. Stairways and windows should be protected by locked screens or other guards.</p> <p>5. Teach the child the harmful effects resulting from violation of rules and regulations of safety.</p>	<p>D. Safety measures. Every provision must be made for the safety of children.</p>

PARENT-CHILD-NURSE RELATIONSHIP (Cont'd.)

Principles	Student Activity
<u>Third, Fourth, and Fifth Weeks (Cont'd.)</u>	
<p>V. Visiting Hours. This time is valuable to nurse, child, and parent. It is a time of learning. The nurse is the teacher, the visitors her pupils</p>	<p>V. Demonstration, discussion, and observation</p> <ol style="list-style-type: none"> A-1. As many students as possible should be on duty to learn more about their patients, and to teach child care to parents 2. The child must not be permitted to play parent against nurse 3. The nurse must be willing to explain rules about food and toys over and over again to people who behave as they do through ignorance and fear 4. Teach the parents the importance of good nutrition 5. Permit the mother to feed her child and to change the diapers. This will help to establish good relationships 6. If feasible this time may be used for organized classes in child care; demonstrations may be given of adequate diets, and types of toys and books to be used for children 7. Show films of baby bath, safety measures, and growth and development

Unique among relationships is that of parent and child. No other can parallel this in degree of intimacy, influence and dependence. Because of the spiritual, physical, and psychological bonds created between parent and child, there exists in their relationship tremendous potentialities.

However, we are cognizant of the fact that every individual in some way or other influences the child in his growth and development through life. Since he cannot live apart from his environment, his friends, school and community play an important part in this growth. The parents, whose duty and obligation is the formation of the child, are primarily responsible for his well-being; and the nurse a member of the community, endeavors to interpret the ideals of her profession to the patients and their families. It is her privilege to guide and teach them, through skilled, adequate nursing care, through personal attitudes and habits, conformity to the conditions of life, so that they may live successfully.

The plastic nature and personality of the child makes it relatively easy to mold and fashion its character. Primary among the forces which will effect the child is the home. It gives him a sense of security, an intuitive realization that all is well. This sense of security is

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one of the intangibles which it is difficult to define. However, for the child it is something very real and vital. When transformed because of illness to the environment of the hospital, the child's sense of security is profoundly disturbed. In as far as possible, it is essential to re-establish this fundamental attitude of the child. The nurse can best do so through the medium of the parent. On her devolves the duty of interpreting the new situation to the parent.

The parents can readily impress ideas and attitudes on the plastic personality of their offspring, therefore, it is very important that the nurse establish good rapport with the parents, in the admitting ward. She must show them individual consideration, demonstrate awareness of their anxieties and fears by sympathetic listening, interpretation and reassurance.

It will not suffice to merely tell the parents that the institution is a good one, the doctors and nurses are interested in their child, and everything possible will be done to give the best of care; but the parents should be permitted to witness the examination, moreover, it would be advisable to allow the mother of the child to undress him, and when feasible, to assist in the examination. If the child has been previously prepared for his hospital experience, it will not be so terrifying even though it

is new and strange. The parents should explain in simple language the need for hospitalization, the approximate length of time he will stay there, and what will be done. Never deceive the child because you will lose his confidence and cause him to be distrustful of the personnel of the hospital.

The nurse can learn many things about the physical and psychological growth of the child from his mother. If the mother is a well-adjusted individual, have her hold the child on her lap while the physical examination is being made. If the infant has been stripped of all his clothing, he must be covered with a blanket or sheet to avoid crying, stimulated by a sense of insecurity. This is especially true of very small infants. If the child resists, it will be necessary to restrain him so that the examination may be done quickly and efficiently. However, an explanation given for this act, to the child, will usually facilitate the entire procedure. After the examination has been completed, permit the parents to take the child to his bed and remain with him for a time. He will become accustomed to the new surroundings in the familiar presence of his mother and father. The parting should not be prolonged; the nurse must be present to help allay any fears of the parents, and by kindness, calm the child. Dignity, seriousness, and efficiency are qualities one

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Dignity, seriousness, and efficiency are qualities one

admires in the nurse, but she does not reach the frustrated and insecure mother through these qualifications, alone.

She must remember that she will meet many different types of personalities in parent and child, to challenge her ingenuity in aiding them to adjust to the new situation.

One of the greatest needs of the individual is to feel a sense of security, the foundation for which will be laid in early infancy, by the loving care he is given. If this basic need has been neglected by the family it will be especially noticeable in the critical moment of separation.

This setting will present the nurse with an opportunity of showing both parent and child the necessity for a tender, warm-hearted departure, with the assurance of returning as soon as visiting hours will permit. To prevent protracted disturbances, instruct the parents to say a kind word, leave, and do not return.

Adequate nursing care of the whole child is the goal we are striving to attain. Therefore, to insure this objective it is deemed advisable to place the patient in a ward with children of his own age and sex. Sometimes it is impossible to do this, because the disease of the child warrants isolation or a particular place, which is most conducive to recovery. If the child is old enough to make a choice, and it is feasible in relation to the ward situation, allow him to choose the bed he wishes to occupy. If

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the nurse places the child, give him a bed near convalescent children rather than those acutely ill. Children need each other. Our nursing care of the total child, if intelligently administered, will teach the child how to adjust himself to the world; and at the same time adjust the world to him and his particular needs. A very sick child will be more at ease by efficient care and kindness, than by explanatory conversation. The point to remember is that no child should be put to bed without any word of explanation.

Frequently, in hospital situations, we encounter the rebellious child. Events, objects or persons which originally caused fears cease to be fearful as the child learns adequate ways of behaving towards them. Many times the child fails to overcome his fears because he is given no help in finding adequate responses. In such instances, the nurse must institute a program of re-education. Nursing a child of this sort calls for patience and poise; it must be patience of understanding, and not merely self-control. Even the acutely ill child may show a spirit of rebellion, but the nurse should realize that the behavior of the child is due to the fact that he is a victim of treatments and procedures, hence, his conduct cannot be laid upon his shoulders.

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A well-adjusted individual must have a sense of security. When parents are indifferent or overprotective of their children there arises a sense of insecurity. In order to restore self-respect you will find the child very dominating and aggressive in the hospital. The nurse must have a deep understanding of the psychological reactions of the child brought about by this type of environment. To further prevent emotional reactions she must arrange unfamiliar treatments at a time when the child is rested, explaining the use of articles and instruments before carrying out the procedures. If it is necessary to stick a child with a needle, explain that it will hurt, but will soon be over, and the medicine given is going to help him get well. Never lie to a child, because you will surely lose his confidence; making every treatment and procedure more difficult to administer thereafter. When a promise has been made always fulfill it; if it is impossible to do so, do not bind yourself to such pledges.

In the nursing care of children there are times when restraints must be applied to facilitate and administer treatments. Such procedures are used only when absolutely necessary, because they provoke anger and rebellion. All restraints, to be of any use, must be applied firmly enough to prevent the active use of the part, but it is most important to explain to the child the need for using

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such force. He must not be permitted to vacillate in his decisions. It is better for the nurse to decide for him, so that the procedure may be done quickly, for the good of the patient. We are especially interested in his comfort, and frequently the young child is not capable of making the best decision. It is best to solicit the child's cooperation, because in some instances it is questionable whether any value has been derived from the treatment. The child can always have the last word, by vomiting medicines that have been forced upon him.

One most important aspect of the nursing of children that we do not encounter in adult care is the safety measures we must employ. A child is not always aware of the harmful effects which result from swallowing pins, sucking lead toys, etc. The conscientiousness and reliability of the nurse is taxed to the utmost. Small children should never be left unguarded; windows, doors and gateways must be barred by screens and locks. The nurse can teach the child safety measures which will remain with him after he has been dismissed from the hospital. Accidents are the leading cause of deaths in children.

The nurse's teaching, to be effective, must extend to the entire family. This can well be done during the visiting hour. As many nurses as possible should be on duty to speak with the parents, learn what they can about their

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The nurse's teaching, to be effective, must extend to the entire family. This can well be done during the visiting hour. As many nurses as possible should be on duty to speak with the parents, learn what they can about their

patients, and teach child care to the visitors. Organized teaching is very good, but presents difficulties when carried on during the visiting hour. The time will be better utilized by demonstrating the baby bath, methods of infant feedings, and diets used for young children. The present plan in most hospitals today for the visitors is very poor. Children are permitted visitors once a week and at the most, two or three times in some places. The more often parents are permitted to see their children, the better the relationships will be between nurse, child, and parent. Exceptions to this rule are those situations in which the parent and child are poorly adjusted. Obviously, an hysterical mother and undisciplined child must be separated for the good of both parties involved. However, there is no time when the child needs his parents more than during his period of illness. If he does not see them, his confidence, security and love are upset. "One of the greatest gifts you can give a child is confidence."¹

The goal in the nursing field, as in every other, is the integration and cooperation between all those persons and agencies who are working for the development of the total child. Thereby, difficulties would be solved and greater benefits derived by the proper use of the visiting hour.

¹Mackenzie, Catherine, "Gift of Confidence," New York Times Magazine (April 27, 1947), p. 21.

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DISEASES OF NUTRITION

Doctor's Lecture

Nursing Classes

UNIT IV

First Week

First Week

1 Hour

PRINCIPLES OF NURSING CARE IN DISEASES OF
INFANCY AND CHILDHOOD

The outline to be followed in the presentation of these conditions is:

Objectives:

1. To help the student develop an understanding of the disease processes characteristic of the child.

2. To assist the student to understand the principles underlying the therapeutic plan, and the nursing care of children.

3. To aid the student in understanding the characteristics of anatomy and physiology of the child which differ from the adult.

4. To help the student develop skill in adapting previously learned principles to those of the needs of children.

UNIT IV

PRINCIPLES OF NURSING CARE IN DISEASES OF
THYROID AND CHILDHOOD

Objectives:

1. To help the student develop an understanding of the disease processes characteristic of the child.
2. To assist the student in understanding the principles underlying the therapeutic plan, and the nursing care of children.
3. To aid the student in understanding the characteristics of anatomy and physiology of the child which differ from the adult.
4. To help the student develop skill in adapting previously learned principles to those of the needs of children.

DISEASES OF NUTRITION

Doctor's Lecture	Nursing Classes
<u>First Week</u> 1 Hour	<u>First Week</u> 1 Hour
The outline to be followed in the presentation of these conditions is:	Nursing care of the diseases of nutrition
<ol style="list-style-type: none"> 1. Etiology 2. Pathology 3. Symptoms and signs 4. Diagnosis 5. Treatment 6. Complications 	<ol style="list-style-type: none"> I. Principles of nutrition <ol style="list-style-type: none"> A. Establishing nutrition <ol style="list-style-type: none"> 1. Well-balanced diet 2. Rest, exercise, fresh air and sunshine 3. Careful feeding B. Prevention <ol style="list-style-type: none"> 1. Encourage breast feeding 2. Competent supervision of growth 3. Prompt treatment of infection 4. Administration of vitamins in infancy and childhood C. Education of parents <ol style="list-style-type: none"> 1. Follow-up care taught to parents and child 2. Use of community Public Health agencies 3. Consideration of the socio-economic background for future care of child D. Physical, mental, emotional, and economic background of the malnourished child
<ol style="list-style-type: none"> I. Malnutrition <ol style="list-style-type: none"> A. Diarrhea B. Anorexia 	
<p style="padding-left: 40px;">Symptoms which differ in infants and children</p>	
<ol style="list-style-type: none"> II. Vitamin deficiencies <ol style="list-style-type: none"> A. Rickets B. Scurvy C. Beriberi D. Pellagra 	
<ol style="list-style-type: none"> III. Acrodynia 	
<ol style="list-style-type: none"> IV. Tetany 	

The doctor's clinic is held for one hour each week. Cases of malnutrition and vitamin deficiency that are available are presented. The etiology, treatment and prognosis are discussed by the doctor and students. The clinical symptoms manifested by the patient are compared with the usual symptoms.

DISEASES OF NUTRITION

CLINICAL EXPERIENCE

Clinic: Lecture, Demonstration	Student Activity
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First and Second Weeks

2 Hours

- | | |
|--|--|
| I. Undernutrition | Experience on the ward with malnourished children |
| A. Maintain body heat | |
| B. Supply fluids | |
| C. Proper feeding following starvation | Preparing and administering parenteral fluids |
| D. Axillary temperatures | |
| II. Vitamin deficiencies | |
| A. Rickets | Project showing the different types of vitamins and their cost |
| 1. Prevent deformities | |
| a. Change position | |
| b. Firm mattress and back support | Preparation of diet for an older child with rickets |
| 2. Prevent upper respiratory infections | |
| B. Scurvy | Preparation of the bed for a child with scurvy |
| 1. Protect child from pain | |
| a. Gentle handling | |
| b. Use of cradle | |
| c. Use of foot board | |
| 2. Feed the child in bed | Preparing the child for mealtime |
| 3. Oral hygiene | |
| 4. Improvisations to be made in the home | |
| III. Tetany | |
| A. Nursing care of convulsions | |
| B. Provide well-balanced diet | |

Doctor's Clinic (2 hours)

The doctor's clinic is held for one hour each week. Cases of malnutrition and vitamin deficiency that are available are presented. The etiology, treatment and prognosis are discussed by the doctor and students. The clinical symptoms manifested by the patient are compared with the usual symptoms.

DISEASES OF NUTRITION
CLINICAL EXPERIENCE

Student Activity	Clinic: Lectures, Demonstration
<u>First and Second Weeks</u> 2 hours	
Experience on the ward with malnourished child -	I. Undernutrition A. Maintain body heat B. Supply fluids C. Proper feeding following starvation D. Axillary temperatures
Preparing and administering parenteral fluids	II. Vitamin deficiencies A. Rickets 1. Prevent deformities a. Change position b. Firm mattress c. and back support 2. Prevent upper respiratory infections
Project showing the different types of vitamins and their cost	B. Scurvy 1. Protect child from pain a. Gentle handling b. Use of cradle c. Use of foot board 2. Feed the child in bed 3. Oral hygiene 4. Improvements to be made in the home
Preparation of diet for an older child with rickets	III. Tetany A. Nursing care of convulsions B. Provide well-balanced diet
Preparation of the bed for a child with scurvy	
Preparing the child for medicine	

Doctor's Clinic (2 hours)

The doctor's clinic is held for one hour each week. Cases of malnutrition and vitamin deficiencies that are available are presented. The etiology, treatment and prognosis are discussed by the doctor and students. The clinical symptoms manifested by the patient are compared with the usual symptoms.

DISEASES OF THE GASTRO-INTESTINAL TRACT

Doctor's Lecture

Nursing Classes

Second Week

1 Hour

The outline to be followed in the presentation of these conditions is:

1. Etiology
2. Pathology
3. Symptoms and signs
4. Diagnosis
5. Treatment
6. Complications

I. Medical diseases

- A. Celiac syndrome
- B. Colic
- C. Megacolon
- D. Constipation
- E. Vomiting
- F. Gastric indigestion
- G. Pancreatic fibrosis

Second Week

1 Hour

I. General nursing care

- A. Dietetic treatment according to disease
- B. Proper rest to the affected part
- C. Hygienic treatment
- D. Alleviate symptoms
- E. Diligent observation of treatment orders
- F. Prevention of complications

II. Celiac syndrome

A. Nursing care

1. Prevent infections
 - a. Patient perspires easily and lies in one position
 - b. Temperature sub-normal, extremities cold
 - c. Keep patient dressed warmly
2. Diet regimen
 - a. Food should be given slowly in small amounts
 - b. Rest period before and after meals to promote digestion
3. Change position for comfort

B. Behavior problems

1. Feeding problems
2. Retardation in growth

DISEASES OF THE GASTRO-INTESTINAL TRACT (Cont'd.)

Doctor's Lecture	Nursing Classes
<u>Second Week (Cont'd.)</u>	<u>Second Week (Cont'd.)</u>
H. Diarrhea	III. Diarrhea
II. Surgical diseases	A. Nursing care
A. Congenital anomalies	<ol style="list-style-type: none"> 1. Supply fluids as ordered 2. Maintain body heat 3. Starvation diet until stools are diminished 4. Prevent secondary infection
<ol style="list-style-type: none"> 1. Atresia of the esophagus 2. Cleft lip 	IV. Nursing care of cleft lip
<ol style="list-style-type: none"> 4. Pyloric stenosis <ol style="list-style-type: none"> a. Medical treatment b. Surgical treatment 	A. Pre-operative care
<ol style="list-style-type: none"> B. Hernia <ol style="list-style-type: none"> 1. Inguinal 2. Umbilical 	<ol style="list-style-type: none"> 1. Maintain nutrition 2. Prevent infection 3. Use asepto syringe with rubber tip 4. Use restraint jacket 5. Prepare parents for operation
C. Intussusception	B. Post-operative care
D. Volvulus	<ol style="list-style-type: none"> 1. Institute meticulous lip care 2. Prevent tension on suture line 3. Teaching the parents <ol style="list-style-type: none"> a. Demonstrate use of asepto syringe b. Preparation of formula c. Acceptance of child in family d. Treat child as normal individual
3. Cleft palate	V. Nursing care of cleft palate
E. Appendicitis	A. Pre-operative care
	<ol style="list-style-type: none"> 1. Maintain nutrition 2. Prevent infection 3. Assist the child in adjusting to new environment

STANDARD OF THE WEST-INDIAN TRADE COMPANY

Product's Name: _____

Product's Description: _____

III. Material

A. Quality

1. Quality of raw materials

2. Quality of workmanship

3. Quality of finished goods

4. Quality of service

5. Quality of delivery

6. Quality of packaging

7. Quality of labeling

8. Quality of documentation

9. Quality of customer service

10. Quality of after-sales service

11. Quality of return policy

12. Quality of warranty

13. Quality of repair service

14. Quality of spare parts

15. Quality of technical support

16. Quality of training

17. Quality of safety

18. Quality of security

19. Quality of privacy

20. Quality of data protection

21. Quality of disaster recovery

22. Quality of business continuity

23. Quality of risk management

24. Quality of compliance

25. Quality of ethics

26. Quality of social responsibility

27. Quality of environmental impact

28. Quality of community relations

29. Quality of employee relations

30. Quality of diversity and inclusion

31. Quality of equal opportunity

32. Quality of non-discrimination

33. Quality of harassment prevention

34. Quality of whistleblower protection

35. Quality of anti-retaliation

36. Quality of labor relations

37. Quality of union relations

38. Quality of employee benefits

39. Quality of compensation and benefits

40. Quality of performance management

41. Quality of recruitment and selection

42. Quality of training and development

43. Quality of career development

44. Quality of succession planning

45. Quality of talent management

46. Quality of organizational culture

47. Quality of employee engagement

48. Quality of organizational structure

49. Quality of organizational design

50. Quality of organizational effectiveness

DISEASES OF THE GASTRO-INTESTINAL TRACT (Cont'd.)

Doctor's Lecture	Nursing Classes
<u>Second Week (Cont'd.)</u>	<u>Second Week (Cont'd.)</u>
<u>Third and Fourth Weeks</u>	
2 Hours	
I. Technique of feeding infants	B. Post-operative care
A. Gavage	1. Re-apply arm restraints
1. Assemble equipment	2. Feeding the patient
2. Position of baby	a. Give sterile water before and after each feeding
B. Breast feeder	b. Use the side of spoon to offer patient food
C. Record observations	c. Allow the child to drink from sterile cup
II. Colic syndrome	3. Prevent the child from crying
A. Teaching parents	4. Teaching the parents
1. Diet instructions, content and method of feeding	a. Direct the parents to speech clinic
2. Rest, fresh air and sunshine	b. Accept the child as a normal individual
3. Exercise when patient is able to get up	
4. Prevention of in-	
4. Pyloric stenosis	
a. Medical treatment	Observation of children with diarrhea and malnutrition
b. Surgical treatment	Experience in giving infant enema, collecting urine and stool specimens
B. Compare with the normal	Recording the observation
B. Hernia	
1. Inguinal	
2. Umbilical	
C. Intussusception	
D. Volvulus	Care of cleft palate and cleft lip patients
E. Appendicitis	Preparation of cleft lip tray
	Demonstrate aseptic feeding to parents

DISEASES OF THE GASTRO-INTESTINAL TRACT (Cont'd.)

Nursing Classes	Doctor's Lecture
<u>Second Week (Cont'd.)</u>	<u>Second Week (Cont'd.)</u>
<p>8. Post-operative care</p> <p>1. Re-apply air restraints</p> <p>2. Feeding the patient</p> <p>a. Give sterile water before and after each feeding</p> <p>b. Use the side of spoon to offer patient's food</p> <p>c. Allow the child to drink from sterile cup</p> <p>3. Prevent the child from crying</p> <p>4. Teaching the parents</p> <p>a. Direct the parents to speech clinic</p> <p>b. Accept the child as a normal individual</p>	<p>4. Pyloric stenosis</p> <p>a. Medical treatment</p> <p>b. Surgical treatment</p> <p>5. Hernia</p> <p>1. Inguinal</p> <p>2. Umbilical</p> <p>6. Intussusception</p> <p>7. Volvulus</p> <p>8. Appendicitis</p>

DISEASES OF THE GASTRO-INTESTINAL TRACT

CLINICAL EXPERIENCE

Clinic: Lecture, Demonstration	Student Activity
<u>Third and Fourth Weeks</u> 2 Hours	
I. Technique of feeding infants A. Gavage 1. Assemble equipment 2. Position of baby B. Breck feeder C. Record observations	Experience with children from birth to five years of age Demonstration of lavage and gavage
II. Celiac syndrome A. Teaching parents 1. Diet instructions, content and method of feeding 2. Rest, fresh air and sunshine 3. Exercise when patient is able to get up 4. Prevention of infection	Preparation of special diet for celiac patients. Feeding the child
III. Diarrhea A. Present children suffering from malnutrition B. Compare with the normal child	Observation of children with diarrhea and malnutrition Experience in giving infant enema, collecting urine and stool specimens Recording the observations
IV. Demonstration of care of cleft palate and cleft lip patients A. Diet and method of feeding B. Types of restraints used C. Lip and mouth care	Care of cleft palate and cleft lip patients Preparation of cleft lip tray Demonstrate asepto feeding to parents

DISEASES OF THE GASTRO-INTESTINAL TRACT

CLINICAL EXPERIENCE

Student Activity	Clinic: Lectures, Demonstration
<p>Experience with children from birth to five years of age</p> <p>Demonstration of lavage and gavage</p>	<p>I. Technique of feeding infants</p> <p>A. Gavage</p> <p>1. Assemblage equipment</p> <p>2. Position of baby</p> <p>B. Breast feeder</p> <p>C. Record observations</p>
<p>Preparation of special diet for colic patients</p> <p>Feeding the child</p>	<p>II. Colic syndrome</p> <p>A. Teaching parents</p> <p>1. Diet instructions, content and method of feeding</p> <p>2. Rest, fresh air and sunshine</p> <p>3. Exercise when patient is able to get up</p> <p>4. Prevention of infection</p>
<p>Observation of children with diarrhea and malnutrition</p> <p>Experience in giving infant enemata, collecting urine and stool specimens</p> <p>Recording the observations</p>	<p>III. Diarrhea</p> <p>A. Present children suffering from malnutrition</p> <p>B. Compare with the normal child</p>
<p>Care of cleft palate and cleft lip patients</p> <p>Preparation of cleft lip tray</p> <p>Demonstrate methods feeding to patients</p>	<p>IV. Demonstration of care of cleft palate and cleft lip patients</p> <p>A. Diet and method of feeding</p> <p>B. Types of restorations</p> <p>C. Lip and mouth care</p>

Third and Fourth Weeks
2 Hours

CLINICAL EXPERIENCE (Cont'd.)

Clinic: Lecture, Demonstration	Student Activity
Third and Fourth Weeks (Cont'd.)	
V. Pyloric stenosis	
A. Medical treatment	Preparation of thick feeding
1. Method of feeding thick formula to baby	Observation and recording of symptoms of pyloric stenosis
2. Demonstrate preparation of formula	
B. Surgical treatment	Application of stiles dressing
1. Pre-operative care	
a. Maintain body temperature	
b. Note type, consistency, and time of vomitus	
c. Restrain hands by wrapping in blanket	
2. Post-operative care	
a. Restrain hands	
b. Use triangular diaper	
c. Feed accurately and promptly	
d. Careful handling when bubbling infant	
VI. Hernia	Application of adhesive strapping for umbilical hernia
	Application of yarn truss

Doctor's Clinic (2 hours)

Two or three of the following diseases will be presented during the clinic: diarrhea, celiac syndrome, pancreatic fibrosis, intussusception, volvulus, hernia, cleft palate, and cleft lip. Those cases available will be discussed from the standpoint of etiology, symptoms, and treatment. All manifestations related to the social, emotional, and physical development will be considered.

CLINICAL EXPERIENCE (Cont'd.)

Student Activity	Clinical: Lecture, Demonstration
Preparation of child feeding	V. Pyloric stenosis A. Medical treatment 1. Method of feeding child formula to baby
Observation and recording of symptoms of pyloric stenosis	2. Demonstrate preparation of formula B. Surgical treatment 1. Pre-operative care a. Maintain body temperature b. Note type, color, consistency, and time of vomiting c. Restrain hands by wrapping in blanket
Application of esios dressing	2. Post-operative care a. Restrain hands b. Use triangular diaper c. Feed accurately and promptly d. Careful handling when holding infant
Application of adhesive strapping for umbilical hernia	VI. Hernia

Application of yam tams

Doctor's Clinic (2 hours)

Two or three of the following diseases will be presented during the clinic: diarrhea, colic syndrome, gastroenteritis, intussusception, volvulus, hernia, cleft palate and cleft lip. Those cases suitable will be discussed from the standpoint of etiology, symptoms, and treatment. All manifestations related to the social, emotional, and physical development will be considered.

DISEASES OF THE RESPIRATORY TRACT

Doctor's Lecture	Nursing Classes
<u>Third Week</u> 1 Hour	<u>Third Week</u> 1 Hour
<p>The outline to be followed in presenting these conditions is:</p> <ol style="list-style-type: none"> 1. Etiology 2. Pathology 3. Symptoms and signs 4. Diagnosis 5. Treatment 6. Complications <ol style="list-style-type: none"> I. Trachea, bronchi, and lungs <ol style="list-style-type: none"> A. Allergic conditions B. Pneumonia <ol style="list-style-type: none"> 1. Bacterial 2. Viral 3. Aspiration pneumonia C. Tracheitis D. Bronchitis E. Bronchiectasis F. Pleurisy G. Empyema 	<ol style="list-style-type: none"> I. Nursing care in pneumonia <ol style="list-style-type: none"> A. Review anatomy and physiology of the lung B. Aid respiration <ol style="list-style-type: none"> 1. Oxygen therapy <ol style="list-style-type: none"> a. Types of tents b. Fill the tent with oxygen before putting child in tent c. Keep tent at 40% concentration of oxygen d. Stabilize the temperature e. Stabilize the humidity C. Provide comfort for the patient <ol style="list-style-type: none"> 1. Sitting position 2. Roll under knees, back rest, arm pillows and blanket warmer 3. Comfortable sleeping clothes 4. Minimize loud noises and jerky movements D. Relieve abdominal distension <ol style="list-style-type: none"> 1. Rectal tube 2. Stupes 3. Drugs E. Steam inhalation for upper respiratory distress F. Rest and conservation of energy <ol style="list-style-type: none"> 1. Attending to as many needs at one time as is possible

DISEASES OF THE RESPIRATORY TRACT

Nursing Classes	Doctor's Lectures
<u>Third Week</u> 1 Hour	<u>Third Week</u> 1 Hour
<p>1. Nursing care in pneumonia</p> <p>A. Review anatomy and physiology of the lung</p> <p>B. Aid respiration</p> <p>1. Oxygen therapy</p> <p>a. Types of tents</p> <p>b. Fill the tent with oxygen before putting child in tent</p> <p>c. Keep tent at 40% concentration of oxygen</p> <p>d. Stabilize the temperature</p> <p>e. Stabilize the humidity</p> <p>G. Provide comfort for the patient</p> <p>1. Sitting position</p> <p>2. Roll under knees, back rest, air pillows and blanket warmer</p> <p>3. Comfortable sleeping clothes</p> <p>4. Minimize loud noises and jumpy movements</p> <p>D. Relieve abdominal distention</p> <p>1. Rectal tube</p> <p>2. Staps</p> <p>3. Drugs</p> <p>E. Steam inhalation for upper respiratory distress</p> <p>F. Rest and conservation of energy</p> <p>J. Attending to as many needs as one time as is possible</p>	<p>The outline to be followed in presenting these conditions is:</p> <p>1. Etiology</p> <p>2. Pathology</p> <p>3. Symptoms and signs</p> <p>4. Diagnosis</p> <p>5. Treatment</p> <p>6. Complications</p> <p>I. Trachea, bronchi, and lungs</p> <p>A. Allergic conditions</p> <p>B. Pneumonia</p> <p>1. Bacterial</p> <p>2. Viral</p> <p>3. Aspiration pneumonia</p> <p>C. Tracheitis</p> <p>D. Bronchitis</p> <p>E. Bronchiolitis</p> <p>F. Pleurisy</p> <p>G. Empyema</p>

DISEASES OF THE RESPIRATORY TRACT (Cont'd.)

Doctor's Lecture	Nursing Classes
<u>Third Week (Cont'd.)</u>	<u>Third Week (Cont'd.)</u>
<p><u>Fifth Week</u> 2 Hours</p> <p>I. Present different types of respiratory cases.</p> <p>A. Demonstrate the preparation of the oxygen tent</p> <p>B. Demonstrate the method of providing comfort for the patient</p>	<p>2. Administration of sedatives</p> <p>3. Reduce temperature by sponge baths</p> <p>G. Encourage fluids to dilute toxins</p> <p>H. Oral hygiene</p> <p>I. Supportive diet</p> <p>J. Convalescent care</p> <p>1. Continue bed rest to gain strength</p> <p>2. Nutritious diet</p> <p>3. Prevention of colds</p>
<p>II. Ear</p> <p>A. Diseases of tracheotomy</p> <p>1. Myringitis</p> <p>2. Otitis media</p> <p>3. Mastoiditis</p> <p>B. Foreign bodies</p>	<p>Preparation of the group test</p> <p>Nursing care of tracheotomy patients</p>
<p>III. Nose and Throat</p> <p>A. Diseases</p> <p>1. Common cold</p> <p>2. Pharyngitis</p> <p>3. Laryngitis</p> <p>4. Acute tonsillitis</p> <p>5. Sinusitis</p> <p>6. Epistaxis</p> <p>B. Foreign bodies</p> <p>C. Tonsillectomy</p>	<p>Demonstration of the care of the tracheotomy tube</p> <p>Teaching the parent the improvisation of steam inhalation in the home</p>
<p>IV. Foreign bodies of the trachea and bronchi</p> <p>1. Permit patient up and about when able</p> <p>2. Watch for signs of respiratory distress</p> <p>3. Tie clothing in the front and adjust loosely</p>	

DISEASES OF THE RESPIRATORY TRACT (Cont'd.)

Doctor's lectures

Nursing classes

Third year (Cont'd.)

Third year (Cont'd.)

- 3. Administration of sedatives
- 2. Reduce temperature by sponge baths
- G. Encourage fluids to dilute toxins
- H. Oral hygiene
- I. Supportive diet
- J. Convalescent care
- 1. Continue bed rest to gain strength
- 2. Nutritious diet
- 3. Prevention of colds

II. Ear

- A. Diseases
 - 1. Myringitis
 - 2. Otitis media
 - 3. Mastoiditis
- B. Foreign bodies

III. Nose and Throat

- A. Diseases
 - 1. Common cold
 - 2. Pharyngitis
 - 3. Laryngitis
 - 4. Acute tonsillitis
 - 5. Sinusitis
 - 6. Epistaxis
- B. Foreign bodies
- C. Tonsillectomy

IV. Foreign bodies of the trachea and bronchi

DISEASES OF THE RESPIRATORY TRACT

CLINICAL EXPERIENCE

Clinic: Lecture, Demonstration	Student Activity
<u>Fifth Week</u>	<u>Fifth Week</u>
2 Hours	
I. Present different types of respiratory cases <ol style="list-style-type: none"> A. Demonstrate the preparation of the oxygen tent B. Demonstrate the method of providing comfort for the patient 	Experience and nursing care of patients with respiratory infections
II. Nursing care of tracheotomy patients	Preparation and application of stupes
A. Pre-operative care	Observation in the treatment room of the aspiration of pus from pleural cavity
1. Emergency stimulants and oxygen	Preparation of the croup tent
2. Fluids offered - not forced	Nursing care of tracheotomy patients
3. Croup tent	Demonstration of the care of the tracheotomy tube
B. Post-operative care	Teaching the parent the improvisation of steam inhalation in the home
1. Equipment - tray with necessary catheters and solutions	
2. Place child in croup tent	
3. Semi-Fowler's position	
4. Use restraints only when necessary	
5. Keep cuffs on small children at all times	
6. Avoid emotional trauma	
a. Permit patient up and about when able	
7. Watch for signs of respiratory distress	
8. Tie clothing in the front and adjust loosely	

DISEASES OF THE RESPIRATORY TRACT

CLINICAL EXPERIENCE

Student Activity	Clinic: Lecture, Demonstration
<u>First Week</u>	<u>First Week</u>
8 Hours	
<p>Experience and nursing care of patients with respiratory infections</p> <p>Preparation and application of stipes</p> <p>Observation in the treatment room of the aspiration of pus from pleural cavity</p>	<p>I. Present different types of respiratory cases</p> <p>A. Demonstrate the preparation of the oxygen tent</p> <p>B. Demonstrate the method of providing comfort for the patient</p>
<p>Preparation of the group tent</p> <p>Nursing care of tracheostomy patients</p> <p>Demonstration of the care of the tracheostomy tube</p> <p>Teaching the parent the provision of care in relation to the nose</p>	<p>II. Nursing care of tracheostomy patients</p> <p>A. Pre-operative care</p> <ol style="list-style-type: none"> 1. Emergency stimulants and oxygen 2. Fluids offered - not forced 3. Group tent <p>B. Post-operative care</p> <ol style="list-style-type: none"> 1. Equipment - tray with necessary catheters and solutions 2. Place child in group tent 3. Semi-Fowler's position 4. Use restraints only when necessary 5. Keep cuts on nasal children at all times 6. Avoid emotional trauma 7. Permit patient up and about when able 8. Watch for signs of respiratory distress 9. Tie clothing in the front and adjust loosely

DISSEMINATED CLINICAL EXPERIENCE (Cont'd.)

Clinic: Lecture, Demonstration	Student Activity
Fifth Week (Cont'd.)	
<p>III. Nursing care of ear, nose, and throat infections</p> <p>A. Coryza</p> <ol style="list-style-type: none"> 1. Improvisation in the home <ol style="list-style-type: none"> a. Segregation b. Diet and rest 	<p>Administering ear, nose, and throat irrigations</p> <p>Demonstrate irrigation procedure to parent</p>
<p>IV. Nursing care of tonsillectomy patients</p> <p>A. Pre-operative care</p> <ol style="list-style-type: none"> 1. Prepare the child psychologically 2. Permit parents to remain with the child before operation 3. Do not deceive the child - tell him the truth <p>B. Post-operative care</p> <ol style="list-style-type: none"> 1. Position - on abdomen, with sand bag under chest, head and side 2. Fluids - post nausea; give sweetened fruit juices 3. Observation for hemorrhage <ol style="list-style-type: none"> a. Oozing from the nose and throat b. Elevated pulse c. Frequent swallowing 	<p>Nursing care of tonsillectomy patients</p> <p>Assisting the doctor with the treatment of hemorrhage of the nose and throat</p> <p>Teach the parents the procedure to follow when a child bleeds in the home</p>

Doctor's Clinic (1 hour)

The clinic following this unit consists of a discussion and question period. Patients will be chosen and presented to the students afflicted with any of the following conditions: bronchiectasis, empyema, pleurisy, and pneumonia. The possibilities and indications for convalescent care are considered. If necessary, referrals are made for follow-up care.

CLINICAL EXPERIENCE (Cont'd.)

Students Activity	Clinic: Lecture, Demonstration
Fifth Week (Cont'd.)	
Administering ear, nose, and throat irrigations	III. Nursing care of ear, nose, and throat infections
Demonstrate irrigation procedure to parent	A. Coryza 1. Irrigation in the home a. Sargylation b. Diet and rest
Nursing care of tonsillectomy patients	IV. Nursing care of tonsillectomy patients
Assisting the doctor with the treatment of hemorrhage of the nose and throat	A. Pre-operative care 1. Prepare the child psychologically 2. Permit parents to remain with the child before operation
Teach the parents the procedure to follow when a child bleeds in the home	3. Do not deceive the child - tell him the truth B. Post-operative care 1. Position - on abdomen, with sand bag under chest, head and side 2. Fluids - post nasals; give sweetened fruit juice 3. Observation for hemorrhage a. Cough from the nose and throat b. Elevated pulse c. Frequent swallowing
Doctor's Clinic (1 hour)	
The clinic following this unit consists of a discussion and question period. Patients will be chosen and presented to the students afflicted with any of the following conditions: bronchiectasis, empyema, pleurisy, and pneumonia. The possibilities and indications for convalescent care are considered. If necessary, referrals are made for follow-up care.	

DISEASES OF THE GENITO-URINARY TRACT

Doctor's Lecture

Nursing Classes

Fourth Week
1 Hour

In the following diseases only the common conditions are discussed. The other conditions are briefly considered.

1. Etiology
2. Pathology
3. Symptoms and signs
4. Diagnosis
5. Treatment
6. Complications

I. Kidney

A. Malformations

1. Renal calculus

B. Nephritis

1. Acute glomerular nephritis
2. Chronic nephritis

C. Nephrosis

D. Hydronephrosis

E. Tuberculosis

Fourth Week
1 Hour

I. Nephritis and nephrosis

A. Review of the anatomy and physiology of the kidney

B. Nursing care

1. Good general hygiene

- a. Complete bed rest
- b. Horizontal position
- c. Sitting position when breathing is difficult
- d. Pillows under arms, at back and head
- e. Skin care where edema is present
- f. Warm clothing and fresh air

2. Prevention of infection

- a. Cleansing bath with back rub
- b. Warm bath water to stimulate circulation
- c. Skin helps to eliminate toxins
- d. Oral hygiene

3. Special skills and observations

- a. Observe for increase or decrease of edema
- b. Blood pressure several times daily
- c. Accuracy in collecting and recording specimens

4. Diet

- a. Meet the nutritional needs as

DISEASES OF THE GENITO-URINARY TRACT

Nursing Classes	Doctor's lectures
<u>Fourth Week</u> 1 Hour	<u>Fourth Week</u> 1 Hour
<p>I. Hepatitis and nephritis</p> <p>A. Review of the anatomy and physiology of the kidney</p> <p>B. Nursing care</p> <p>1. Good general hygiene</p> <p>a. Complete bed rest</p> <p>b. Horizontal position</p> <p>c. Sitting position when urinating is difficult</p> <p>d. Pillows under arms, at back and head</p> <p>e. Skin care where edema is present</p> <p>f. Warm clothing and fresh air</p> <p>2. Prevention of infection</p> <p>a. Cleansing bath with soap and water</p> <p>b. Warm bath water to stimulate circulation</p> <p>c. Skin helps to eliminate toxins</p> <p>d. Oral hygiene</p> <p>3. Special skills and observations</p> <p>a. Observe for increase or decrease of edema</p> <p>b. Blood pressure several times daily</p> <p>c. Accuracy in collecting and recording specimens</p> <p>4. Diet</p> <p>a. Meet the nutritional needs as</p>	<p>In the following diseases only the common conditions are discussed. The other conditions are briefly considered.</p> <p>1. Etiology</p> <p>2. Pathology</p> <p>3. Symptoms and signs</p> <p>4. Diagnosis</p> <p>5. Treatment</p> <p>6. Complications</p> <p>I. Kidney</p> <p>A. Malformations</p> <p>I. Renal colic</p> <p>B. Hepatitis</p> <p>I. Acute glomerular nephritis</p> <p>2. Chronic nephritis</p> <p>C. Nephrosis</p> <p>D. Hydronephrosis</p> <p>E. Tuberculosis</p>

DISEASES OF THE GENITO-URINARY TRACT (Cont'd.)

Doctor's Lecture	Nursing Classes
<u>Fourth Week (Cont'd.)</u>	<u>Fourth Week (Cont'd.)</u>
<u>Sixth Week</u> 2 Hours	<ul style="list-style-type: none"> far as possible b. Rest the kidneys c. Avoid foods, the ashes of which are irritating d. Fats, carbohydrates are given to compensate unpalatable low protein diet 5. Psychological care <ul style="list-style-type: none"> a. Patients are irritable and fretful b. Provide play in bed - jig saw games, toys or picture books c. Educate the parents that the child can be helped
<ul style="list-style-type: none"> E. Present patients suffering from acute nephritis and nephrosis <ul style="list-style-type: none"> A. Demonstrate skin care B. Demonstrate procedure for collecting specimens C. Comparison of physical, mental, emotional, and social development with that of the normal child D. Teaching the parents the care of the child at home 	
II. Male genital disorders	
<ul style="list-style-type: none"> A. Phimosis B. Undescended testicle C. Epididymitis D. Hypospadias E. Epispadias 	
III. Female genital disorders	
<ul style="list-style-type: none"> A. Malformations of vulva and clitoris B. Vulvovaginitis 	
IV. Gonorrhoea	
V. Infections of the urinary tract	
<ul style="list-style-type: none"> A. Pyelitis B. Pyuria C. Cystitis 	

DISEASES OF THE GENITO-URINARY TRACT

CLINICAL EXPERIENCE

Clinic: Conference, Demonstration

Student Activity

Sixth Week

2 Hours

- | | |
|--|--|
| I. Present patients suffering from acute nephritis and nephrosis | Experience and nursing care of patients with genito-urinary conditions |
| A. Demonstrate skin care | |
| B. Demonstrate procedure for collecting specimens | Collecting and recording specimens |
| C. Comparison of physical, mental, emotional, and social development with that of the normal child | Application of warm baths and packs |
| D. Teaching the parents the care of the child at home | Assisting with abdominal paracentesis |
| 1. Nutritional requirements | Preparation of the child at mealtime |
| 2. Prevention of infection | |
| 3. Bowel elimination | |
| E. Convalescent care | Changing position and providing skin care for edematous patients |
| 1. Home conditions | |
| 2. Degree of illness of the child | |
| 3. Intelligence of parents | |
| 4. Financial status | |
| 5. Psychological effect on the patient | |

Doctor's Clinic (1 hour)

The doctor's clinic consists of the presentation of two or three of the following conditions, according to the available cases on the ward; nephritis, nephrosis, exstrophy of the bladder, hypospadias, pyelitis, or cystitis. The clinic is conducted by a discussion and question period of the etiology, symptoms, and treatment of these diseases.

DISEASES OF THE CIRCULATORY SYSTEM

Doctor's Lecture	Nursing Classes
<p>Fifth Week 1 Hour</p> <p>I. Fetal circulation A. Changes in circulatory system at birth</p> <p>II. Symptoms of circulatory disease</p> <p>III. Congenital cardiac abnormalities A. Etiology B. Types 1. Patent foramen ovale 2. Patent ductus arteriosus 3. Interventricular septal defects</p> <p>IV. Acquired cardiac diseases A. Rheumatic fever 1. Etiology 2. Symptoms and signs a. Major manifestations b. Minor manifestations 3. Diagnosis 4. Treatment and complications B. Bacterial endocarditis</p> <p>V. Disturbances of rate and rhythm</p>	<p>Fifth Week 1 Hour</p> <p>I. Nursing care in diseases of the circulatory system A. Rest 1. Light cheerful room 2. Absolute bed rest 3. Head elevated 4. Reassurance and confidence 5. Oxygen therapy 6. Organize work to allow long rest periods B. Prevention of infection 1. Avoid association with other sick children 2. Visitors with sore throats should be prohibited 3. Examination of personnel for sore throats 4. Oral hygiene C. Special skills 1. Accuracy in recording P.T.R. 2. Skin care of back a. Use rubber ring b. Change position c. Use of cradle for swollen and painful joints 3. Recording of intake and output D. Nutrition 1. High caloric liquid diet in acute stage 2. Soft diet later 3. Do not force child to eat</p>

DISEASES OF THE CIRCULATORY SYSTEM

Nursing Classes	Doctor's Lectures
<u>Fifth Week</u> I Hour	<u>Fifth Week</u> I Hour
<p>I. Nursing care in diseases of the circulatory system</p> <p>A. Post</p> <ol style="list-style-type: none"> 1. Light chamber room 2. Absolute bed rest 3. Head elevated 4. Resuscitate and confidence 5. Oxygen therapy 6. Organize work so allow long rest periods <p>B. Prevention of infection</p> <ol style="list-style-type: none"> 1. Avoid association with other sick children 2. Visitors with sore throats should be prohibited 3. Examination of personnel for sore throats 4. Oral hygiene <p>G. Spectral etia</p> <ol style="list-style-type: none"> 1. Accuracy in recording P.T.R. 2. Skin care of back <ol style="list-style-type: none"> a. Use rubber ring b. Change position c. Use of table for swollen and painful joints 3. Recording of intake and output <p>B. Nutrition</p> <ol style="list-style-type: none"> 1. High caloric liquid diet in acute stage 2. Soft diet later 3. Do not force child to eat 	<p>I. Total circulation</p> <p>A. Changes in circulatory system at birth</p> <p>II. Symptoms of circulatory diseases</p> <p>III. Congenital cardiac abnormalities</p> <ol style="list-style-type: none"> 1. Etiology 2. Types <p>I. Patent foramen ovale</p> <ol style="list-style-type: none"> 2. Patent ductus arteriosus 3. Interventricular septal defects <p>IV. Acquired cardiac diseases</p> <p>A. Rheumatic fever</p> <ol style="list-style-type: none"> 1. Etiology 2. Symptoms and signs <ol style="list-style-type: none"> a. Major manifestations b. Minor manifestations 3. Diagnosis 4. Treatment and complications <p>B. Bacterial endocarditis</p> <p>V. Disturbances of rate and rhythm</p>

DISEASES OF THE CIRCULATORY SYSTEM (Cont'd.)

Doctor's Lecture	Nursing Classes
Clinical Lectures, Demonstrations <u>Fifth Week (Cont'd.)</u>	
<u>Fourth Week</u> 2 Hours	4. Feed small amounts frequently
<p>I. Public health aspects</p> <ol style="list-style-type: none"> A. Long care necessitates costly care B. Low economic group and crowded housing is related to rheumatic fever C. Relation of streptococcal infections 	<p>E. Drug reactions</p> <ol style="list-style-type: none"> 1. Salicylates 2. Digitalis
<p>II. Prevention of emotional trauma</p> <ol style="list-style-type: none"> A. Occupational handicrafts B. Scholastic bedside instruction C. Pleasant surroundings D. Freedom from family difficulties E. Personality of the child 	<p>Preparation of oxygen tent</p> <p>Providing entertainment for child in bed</p>
<p>III. Convalescent care</p> <ol style="list-style-type: none"> A. Condition of home <ol style="list-style-type: none"> 1. Security necessary for personal and social development 2. Intelligence of parents 3. Clean separate bedroom B. Teaching the family <ol style="list-style-type: none"> 1. Well-balanced high caloric diet - Vitamin D in winter 2. Frequent visits to agency controlling medical care 3. Protection against colds and sore throats 4. Good psychological attitude of the patient to his limitations 5. Notify Public Health agency on dismissal of child from the hospital 	<p>Field trip to a Convalescent Home</p> <p>Contacting the Public Health agency for follow-up care</p> <p>Conference with the parents before the child leaves the hospital</p>

DISEASES OF THE CIRCULATORY SYSTEM

CLINICAL EXPERIENCE

Clinic: Lecture, Demonstration

Student Activity

Seventh Week

2 Hours

- | | |
|---|--|
| <p>I. Public health aspects</p> <p>A. Long care necessitates costly care</p> <p>B. Low economic group and crowded housing is related to rheumatic fever</p> <p>C. Relation of streptococci infections</p> | <p>Experience and nursing care of children with heart disease</p> <p>Preparation of oxygen tent</p> <p>Providing entertainment for child in bed</p> |
| <p>II. Prevention of emotional trauma</p> <p>A. Occupational handicrafts</p> <p>B. Scholastic bedside instruction</p> <p>C. Pleasant surroundings</p> <p>D. Freedom from family difficulties</p> <p>E. Personality of the child</p> | <p>Field trip to a Convalescent Home</p> <p>Contacting the Public Health agency for follow-up care</p> <p>Conference with the parents before the child leaves the hospital</p> |
| <p>III. Convalescent care</p> <p>A. Condition of home</p> <p>1. Security necessary for personal and social development</p> <p>2. Intelligence of parents</p> <p>3. Clean separate bedroom</p> <p>B. Teaching the family</p> <p>1. Well-balanced high caloric diet - Vitamin D in winter</p> <p>2. Frequent visits to agency controlling medical care</p> <p>3. Protection against colds and sore throats</p> <p>4. Good psychological attitude of the patient to his limitations</p> <p>5. Notify Public Health agency on dismissal of child from the hospital</p> | |

DISEASES OF THE CIRCULATORY SYSTEM

CLINICAL EXPERIENCE

Student Activity Clinics: Lectures, Demonstration

Seventh Week
8 hours

- I. Public health aspects
 - A. Long care necessitates costly care
 - B. Low economic group and crowded housing is related to rheumatic fever
 - C. Relation of streptococcal infections
 - II. Prevention of emotional trauma
 - A. Occupational handicaps
 - B. Scholastic deficits
 - C. Pleasant surroundings
 - D. Freedom from family difficulties
 - E. Personality of the child
 - III. Convalescent care
 - A. Condition of home
 - 1. Security necessary for personal and social development
 - 2. Intelligence of parents
 - 3. Clean separate bedroom
 - B. Teaching the family
 - 1. Well-balanced high calorie diet - Vitamin D in winter
 - 2. Frequent visits to agency
 - 3. Frequent medical care
 - 4. Protection against colds and sore throats
 - 5. Good psychological attitude of the patient to his limitations
 - 6. Notify Public Health agency on dismissal of child from the hospital
- Experience and nursing care of children with heart disease
- Preparation of oxygen tent
- Providing entertainment for child in bed
- Field trip to a Convalescent Home
- Contacting the Public Health agency for follow-up care
- Conference with the parents before the child leaves the hospital

DISEASES OF THE NERVOUS SYSTEM
CLINICAL EXPERIENCE (Cont'd.)

Clinic: Lecture, Demonstration	Student Activity
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Seventh Week (Cont'd.)

<p>I. Diseases of the brain and meninges A. Malformation</p>	<p>I. General nursing care of general Doctor's Clinic (1 hour)</p>
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During this clinic different types of circulatory diseases available on the ward will be presented. Convalescent and follow-up care will be discussed. The emotional, social, and mental development of the patient will be compared with that of the normal child.

<p>II. Meningococci</p>	<p>II. Nursing care of patient with meningococci A. Pre-operative care 1. Maintenance of nutrition 2. Prevention of infection 3. Provide security 4. Observe carefully for orthopedic implications B. Post-operative care 1. Prevention of infection a. Protective dressing b. Careful handling c. Turn the patient from side to side d. Use of Bradford frame e. Skin care 2. Maintain nutrition 3. Observe for hydrocephalus C. Teach parents care of the wound</p>
<p>III. Meningitis A. Epidemic meningitis</p>	<p>III. Nursing care in meningitis A. Review of anatomy and physiology of the brain</p>

(Cont'd.) CLINICAL EXPERIENCE

Clinical: Lectures, Demonstration Student Activity

Seventh Week (Cont'd.)

Doctor's Clinic (1 hour)

During this clinic different types of circulatory diseases available on the ward will be presented. Convalescent and follow-up care will be discussed. The emotional, social, and mental development of the patient will be compared with that of the normal child.

DISEASES OF THE NERVOUS SYSTEM

Doctor's Lecture	Nursing Classes
<u>Sixth Week</u>	<u>Sixth Week</u>
1 Hour	1 Hour
I. Diseases of the brain and meninges A. Malformation 1. Microcephalus 2. Hydrocephalus a. External b. Internal c. Communicative	I. General nursing care A. Maintain good general health B. Rest C. Alleviate symptoms D. Accuracy and completeness of records E. Teaching the parents the care of the child
II. Meningocele	II. Nursing care of patient with meningocele A. Pre-operative care 1. Maintenance of nutrition 2. Prevention of infection 3. Provide security 4. Observe carefully for orthopedic implications B. Post-operative care 1. Prevention of infection a. Protective dressing b. Careful handling c. Turn the patient from side to side d. Use of Bradford frame e. Skin care 2. Maintain nutrition 3. Observe for hydrocephalus C. Teach parents care of the wound
III. Meningitis A. Epidemic meningitis	III. Nursing care in meningitis A. Review of anatomy and physiology of the brain

DISEASES OF THE NERVOUS SYSTEM

Nursing Classes	Doctor's Lectures
<p style="text-align: center;"><u>Sixth Week</u> 1 Hour</p>	<p style="text-align: center;"><u>Sixth Week</u> 1 Hour</p>
<p>I. General nursing care A. Maintain good general health B. Rest C. Alleviate symptoms D. Accuracy and completeness of records E. Teaching the parents the care of the child</p>	<p>I. Diseases of the brain and meninges A. Malformation 1. Microcephalus 2. Hydrocephalus a. External b. Internal c. Communicative</p>
<p>II. Nursing care of patient with meningococci A. Pre-operative care 1. Maintenance of nutrition 2. Prevention of infection 3. Provide security 4. Observe carefully for orthopedic complications B. Post-operative care 1. Prevention of infection a. Protective dressing b. Careful handling c. Turn the patient from side to side d. Use of Bradford frame e. Skin care 2. Maintain nutrition 3. Observe for hydrocephalus D. Teach parents care of the wound</p>	<p>II. Meningococci</p>
<p>III. Nursing care in meningitis A. Review of anatomy and physiology of the brain</p>	<p>III. Meningitis A. Epidemic meningitis</p>

DISEASES OF THE NERVOUS SYSTEM (Cont'd.)

Doctor's Lecture	Nursing Classes
<u>Sixth Week (Cont'd.)</u>	<u>Sixth Week (Cont'd.)</u>
<ul style="list-style-type: none"> B. Syphilitic meningitis C. Pneumococcic meningitis D. Meningismus 	<ul style="list-style-type: none"> and meningitis B. Isolation of the patient C. Principles of care <ol style="list-style-type: none"> 1. Absolute rest 2. Push fluids <ol style="list-style-type: none"> a. Gavage if necessary b. Record intake 3. Prevent constipation and distension from gas 4. Keep an output chart; patient may develop retention of urine 5. Skin care 6. Preparation for convulsions
<p>IV. Other diseases of the spinal cord and brain</p> <ul style="list-style-type: none"> A. Spina bifida B. Tumors C. Ataxia D. Brain abscess E. Brain tumor F. Encephalitis G. Traumatic conditions 	<ul style="list-style-type: none"> D. Psychological care <ol style="list-style-type: none"> 1. Continuous school 2. Accept the child as normal to give security 3. Correct attitudes of family toward child 4. Providing and stimulating interest in hobbies, group play
<p>V. Functional disorders</p>	
<p>VI. Epilepsy</p>	<p>IV. Nursing care in epilepsy</p> <ul style="list-style-type: none"> A. Constant supervision <ol style="list-style-type: none"> 1. Accurate account of seizures 2. Avoid injury during seizure B. Prevention of acute seizures <ol style="list-style-type: none"> 1. Avoid irritation to the nervous system

DISEASES OF THE NERVOUS SYSTEM (Cont'd.)

Nursing Diseases	Doctor's Lecture
<u>Sixth Week (Cont'd.)</u>	<u>Sixth Week (Cont'd.)</u>
<p>and meningitis B. Isolation of the patient C. Principles of care 1. Absolute rest 2. Fresh linens 3. Gavage if necessary 4. Record intake 5. Prevent constipation and distention from gas 6. Keep an output chart; patient may develop retention of urine 7. Skin care 8. Preparation for convulsions</p>	<p>B. Syphilitic meningitis C. Pneumococcal meningitis D. Meningococcus</p>
<p>IV. Nursing care in epilepsy A. Constant supervision 1. Accurate account of seizures 2. Avoid injury during seizure B. Prevention of acute seizure 1. Avoid irritation to the nervous system</p>	<p>IV. Other diseases of the spinal cord and brain A. Spina bilida B. Tumors C. Abscess D. Brain abscess E. Brain tumor F. Encephalitis G. Traumatic contusions V. Functional disorders VI. Epilepsy</p>

DISEASES OF THE NERVOUS SYSTEM (Cont'd.)

CLINICAL EXPERIENCES

Doctor's Lecture	Nursing Classes
<u>Sixth Week (Cont'd.)</u>	<u>Sixth Week (Cont'd.)</u>
<p><u>Sixth Week</u> 2 hours</p> <p>I. Present patients available with diseases of the nervous system</p> <p>A. Compare the emotional, physical, mental, and social development with that of the normal child</p> <p>B. Improvision of care in the home</p> <p>C. Adjustments to be made in home, school, and community</p> <p>II. Use of the Bradford frame in children suffering from meningococci</p> <p>A. Purpose</p> <ol style="list-style-type: none"> 1. To maintain position 2. To immobilize the patient 3. To prevent injury to the patient 4. To facilitate nursing care <p>B. Making the frame</p> <p>C. Care of the child on the frame</p> <ol style="list-style-type: none"> 1. Observe for orthopedic implications 2. Release restraints every hour and give skin care to ankles, knees, and thighs 3. Passive motion to legs and feet 4. Turn child's head from side to side to prevent torticollis 	<ol style="list-style-type: none"> a. Fatigue b. Mental and emotional strain c. Infection of any type <p>C. Prevent injury of patient</p> <ol style="list-style-type: none"> 1. Mouth gag of tongue blades covered with adhesive 2. Loosen clothing 3. Never use mechanical restraint 4. Sedatives <ol style="list-style-type: none"> a. Bromides b. Dilantin c. Luminal <p>D. Psychological care</p> <ol style="list-style-type: none"> 1. Continue school 2. Accept the child as normal to give security 3. Correct attitudes of family toward child 4. Providing and stimulating interest in hobbies, group play

DISEASES OF THE NERVOUS SYSTEM (Cont'd.)

Nursing Classes	Doctor's lectures
<u>Eighth Week (Cont'd.)</u>	<u>Sixth Week (Cont'd.)</u>

- a. Fatigue
- b. Mental and emotional strain
- c. Infection of any type
- 0. Prevent injury of patient
 - 1. Mouth gag of tongue blades covered with adhesive
 - 2. Loosen clothing
 - 3. Never use mechanical restraints
 - 4. Sedatives
 - a. Bromides
 - b. Dilantin
 - c. Luminal
- D. Psychological care
 - 1. Continue school
 - 2. Accept the child as normal to give security
 - 3. Correct attitudes of family toward child
 - 4. Providing and stimulating interest in hobbies, group play

DISEASES OF THE NERVOUS SYSTEM

CLINICAL EXPERIENCE

Clinic: Demonstration	Student Activity
<u>Eighth Week</u>	
2 Hours	
<p>I. Present patients available with diseases of the nervous system</p> <p>A. Compare the emotional, physical, mental, and social development with that of the normal child</p> <p>B. Improvisation of care in the home</p> <p>C. Adjustments to be made in home, school, and community</p>	<p>Experience and nursing care of children with diseases of the nervous system</p> <p>Teaching the parents to dress the child's meningocele as the habits and background of the child from parents</p> <p>Conferences with the parents during visiting</p>
<p>II. Use of the Bradford frame in children suffering from meningocele</p> <p>A. Purpose</p> <ol style="list-style-type: none"> 1. To maintain position 2. To immobilize the patient 3. To prevent injury to the patient 4. To facilitate nursing care <p>B. Making the frame</p> <p>C. Care of the child on the frame</p> <ol style="list-style-type: none"> 1. Observe for orthopedic implications 2. Release restraints every hour and give skin care to ankles, knees, and thighs 3. Passive motion to legs and feet 4. Turn child's head from side to side to prevent torticollis 	<p>Preparation of the Bradford frame</p> <p>Care of patients on the Bradford frame</p> <p>Assisting in the following procedures:</p> <ol style="list-style-type: none"> 1. Lumbar puncture 2. Subdural tap 3. Ventricular tap <p>Demonstrate the bath to the mother and show her the method used in stroking the child</p> <p>Preparation of a diet for children with nervous manifestations</p>

DISEASES OF THE NERVOUS SYSTEM

CLINICAL EXPERIENCE

Student Activity	Clinical Demonstration
<p>Experiences and nursing care of children with diseases of the nervous system</p> <p>Teaching the parents to dress the child's meningococci</p>	<p>I. Present patients available with diseases of the nervous system</p> <p>A. Compare the emotional, physical, mental, and social development with that of the normal child</p> <p>B. Improvement of care in the home</p> <p>C. Adjustments to be made in home, school, and community</p>
<p>Preparation of the Bradford frame</p> <p>Care of patients on the Bradford frame</p> <p>Assisting in the following procedures:</p> <ol style="list-style-type: none"> 1. Lumbar puncture 2. Subdural tap 3. Ventricular tap 	<p>II. Use of the Bradford frame in children suffering from meningococci</p> <p>A. Purpose</p> <ol style="list-style-type: none"> 1. To maintain position 2. To immobilize the patient 3. To prevent injury to the patient 4. To facilitate nursing care <p>B. Making the frame</p> <p>C. Care of the child on the frame</p> <ol style="list-style-type: none"> 1. Operative for orthopedic implications 2. Release restraints every hour and give skin care to axillae, knees, and thighs 3. Passive motion to legs and feet 4. Turn child's head from side to side to prevent torticollis

Eight Week
2 hours

CLINICAL EXPERIENCE (Cont'd.)

Clinic: Demonstration

Student Activity

Eighth Week (Cont'd.)

5. Use of roll under ankle and at bottom of feet
6. Provide toys that he may play with on the Bradford frame
 - a. Toys that may be thrown
 - b. Rattles to attract his attention

III. Functional disorders

- A. Teach the parents how to care for children with nervous habits**

1. Nail-biting
 - a. Stimulate pride and self-respect
 - b. Keep fingernails well-manicured
2. Thumb-sucking
 - a. Do not nag the child
 - b. With growth and development the child usually relinquishes the habit
 - c. Develop interests outside his own body

Student learns the habits and background of the child from parents

Conferences with the parents during visiting hours

3. Masturbation

- a. Prevention
 - 1) Keep child clean
 - 2) Gentle strokes in bathing child
 - 3) Loose clothing
- b. Nursing care
 - 1) Diet simple and free from spices
 - 2) Arouse suitable interests in wholesome activities

Student assists the child in developing hobbies and interests

Demonstrate the bath to the mother and show her the method used in stroking the child

Preparation of a diet for children with nervous manifestations

CLINICAL EXPERIENCE (Cont'd.)

Student Activity	Clinic: Demonstration
<p>III. Functional disorders</p> <p>A. Teach the parents how to care for children with nervous habits</p> <p>1. Nail-biting</p> <p>a. Stimulate pride and self-respect</p> <p>b. Keep fingernails well-manicured</p> <p>2. Thumb-sucking</p> <p>a. Do not nag the child</p> <p>b. With growth and development the child usually relinquishes the habit</p> <p>c. Develop interests outside his own body in developing hobbies and interests</p> <p>3. Masturbation</p> <p>a. Prevention</p> <p>1) Keep child clean</p> <p>2) Gentle strokes in bathing child</p> <p>3) Loose clothing</p> <p>b. Nursing care</p> <p>1) Diet simple and free from spices</p> <p>2) Arouse interests in wholesome activities</p> <p>3) Keep child clean</p> <p>4) Gentle strokes in bathing child</p> <p>5) Loose clothing</p> <p>6) Nursing care</p> <p>7) Diet simple and free from spices</p> <p>8) Arouse interests in wholesome activities</p> <p>9) Preparation of a diet for children with nervous manifestations</p> <p>10) Demonstrate the bath to the mother and show her the method used in stroking the child</p> <p>11) Student assists the child in developing hobbies and interests</p> <p>12) Conferences with the parents during visiting hours</p> <p>13) Student learns the habits and background of the child from parents</p>	<p>Week (Cont'd.)</p> <p>5. Use of roll under ankle and at bottom of feet</p> <p>6. Provide toys that he may play with on the Bradford brass</p> <p>a. Toys that may be thrown</p> <p>b. Rattles to attract his attention</p>

DISEASES OF THE CLINICAL EXPERIENCE (Cont'd.) DUSTLESS BLAND

Clinic: Demonstration

Student Activity

Doctor's Clinic (1 hour)

In this clinic, patients with any disease of the nervous system available on the ward will be presented. The etiology, treatment, and prognosis will be reviewed. Consideration for follow-up care will be discussed.

- | | |
|----------------------------|--|
| 2. Pathology | E. Fresh air and sunshine |
| 3. Symptoms and signs | G. Sleep and rest |
| 4. Diagnosis | D. Suitable activities and interests |
| 5. Treatment | E. Nutritious diet |
| 6. Complications | F. Proper care of mouth, teeth, and skin |
| I. Diseases of the blood | II. Nursing care in leukemia |
| A. Anemia | A. Prevent bleeding |
| 1. Pernicious | 1. Avoid roughness |
| 2. Erythroblastic | B. Prevent infection |
| 3. Nutritional anemia | C. Special observation for internal bleeding |
| 4. Sickle cell | D. Provide comfort |
| 5. Aplastic anemia | |
| B. Leukemia | |
| C. Blood dyscrasias | |
| II. Spleen | |
| A. Functions | |
| B. Splenomegaly in disease | |
| III. Diabetes mellitus | III. Nursing principles in diabetes mellitus |
| | A. Causative factors |
| | 1. Hereditary tendencies |
| | 2. Glandular disturbances |
| | B. Differential diagnosis |
| | 1. Insulin shock |
| | a. Hunger, nervousness |
| | b. Tremor, headache, and visional changes |
| | c. Frequent urinalysis |

DISEASES OF THE BLOOD, LYMPHATIC SYSTEM, AND DUCTLESS GLAND

Doctor's Lecture

Nursing Classes

Seventh Week

1 Hour

The outline to be followed in presenting these conditions is:

1. Etiology
2. Pathology
3. Symptoms and signs
4. Diagnosis
5. Treatment
6. Complications

I. Diseases of the blood

A. Anemia

1. Pernicious
2. Erthroblastic
3. Nutritional anemia
4. Sickle cell
5. Aplastic anemia

B. Leukemia

C. Blood dyscrasias

II. Spleen

A. Functions

B. Splenomegaly in disease

III. Diabetes mellitus

Seventh Week

1 Hour

I. Nursing principles in nutritional anemias

- A. Clean hygienic surroundings which will stimulate child to eat
- B. Fresh air and sunshine
- C. Sleep and rest
- D. Suitable activities and interests
- E. Nutritious diet
- F. Proper care of mouth, teeth, and skin

II. Nursing care in leukemia

- A. Prevent bleeding
 1. Avoid restlessness
- B. Prevent infection
- C. Special observation for internal bleeding
- D. Provide comfort

IV. Nursing principles in the care of patients with lymphadenitis

A. Relieve pain

1. Cold compresses
2. Hot packs

III. Nursing principles in diabetes mellitus

A. Causative factors

1. Hereditary tendencies
2. Glandular disturbances

B. Differential diagnosis

1. Insulin shock
 - a. Hunger, nervousness
 - b. Tremor, headache, and visional changes
 - c. Frequent urinalysis

DISEASES OF THE BLOOD, LYMPHATIC SYSTEM, AND DIGESTIVE GLANDS

Nursing Classes	Doctor's Lectures
<p>Seventh Week 1 Hour</p>	<p>Seventh Week 1 Hour</p>
<p>I. Nursing principles in nutritional anemia 1. Diet hygiene surroundings - large which will allow late child to eat 2. Fresh air and sunshine 3. Sleep and rest 4. Suitable activities and interests 5. Nutritious diet 6. Proper care of mouth, teeth, and skin</p>	<p>The outline to be followed in presenting these conditions is:</p>
<p>II. Nursing care in leukemia A. Prevent bleeding 1. Avoid restlessness 2. Prevent infection 3. Special observation for internal bleeding 4. Provide comfort</p>	<ol style="list-style-type: none"> 1. Etiology 2. Pathology 3. Symptoms and signs 4. Diagnosis 5. Treatment 6. Complications
<p>III. Nursing principles in diabetes mellitus A. Causative factors 1. Hereditary tendencies 2. Glucagon diabetes B. Differential diagnosis 1. Insulin shock a. Hunger, nervousness b. Tremor, headache, and vision changes c. Frequent urination</p>	<p>I. Diseases of the blood A. Anemia 1. Pernicious 2. Extrinsic 3. Nutritional 4. Sickle cell 5. Aplastic anemia B. Leukemia C. Blood dyscrasias</p> <p>II. Spleen A. Functions B. Splenectomy in disease</p> <p>III. Diabetes mellitus</p>

DISEASES OF THE BLOOD, LYMPHATIC SYSTEM, AND DUCTLESS GLAND
(Cont'd.)

CLINICAL EXPERIENCE

Doctor's Lecture	Nursing Classes
<u>Seventh Week (Cont'd.)</u>	<u>Seventh Week (Cont'd.)</u>
<p>1. Present patients with any blood disease, available on the ward</p> <p>A. Compare the physical, emotional, and social development with that of the normal child</p> <p>B. Discuss the diets necessary for these children</p> <p>C. Demonstrate the care of the mouth and teeth</p> <p>D. Demonstrate application of hot and cold packs</p> <p>E. Demonstrate the equipment used, and the procedure carried out in transfusing an infant</p> <p>F. Treatment and management</p> <p>IV. Lymphatic system</p> <p>A. Functions</p> <p>B. Acute lymphadenitis</p> <p>C. Hodgkins</p> <p>3. Application of tourniquet or hemostat</p> <p>4. Keep the child quiet</p> <p>II. Teaching the parents</p> <p>A. Hygienic living conditions</p> <p>B. Suitable activities and hobbies</p> <p>C. Well-balanced nutritious diets</p>	<p>2. Diabetic coma</p> <p>a. Loss of appetite</p> <p>b. Nausea and vomiting</p> <p>c. Dryness of the tongue and skin</p> <p>d. Weakness and listlessness</p> <p>C. Specific nursing care</p> <p>1. Administration of insulin</p> <p>2. Observation of the child for reaction</p> <p>3. Recording the amount of food child eats</p> <p>4. Obtaining and testing urine for sugar</p> <p>5. Teaching the child and parents</p> <p>6. Preparing the child's diet</p> <p>IV. Nursing principles in the care of patients with lymphadenitis</p> <p>A. Relieve pain</p> <p>1. Cold compresses</p> <p>2. Hot packs</p> <p>B. Drug therapy</p> <p>1. Penicillin</p> <p>2. Sulfonamides</p> <p>C. Surgical dressings following incision and drainage</p> <p>Discuss the necessary foods the child must have</p>

DISEASES OF THE BLOOD, LYMPHATIC SYSTEM, AND DIGESTIVE BLIND
(Cont'd.)

Seventh Week (Cont'd.) Doctor's Lecture
Seventh Week (Cont'd.) Nursing Classes

- 5. Diabetic coma
- a. Loss of appetite
- b. Nausea and vomiting
- c. Dryness of the tongue and skin
- d. Weakness and listlessness
- 6. Specific nursing care
 - 1. Administration of insulin
 - 2. Observation of the child for reaction
 - 3. Recording the amount of food child eats
 - 4. Obtaining and testing urine for sugar
 - 5. Teaching the child and parents
 - 6. Preparing the child's diet

- IV. Nursing principles in the care of patients with lymphadenitis
 - A. Relief pain
 - 1. Cold compresses
 - 2. Hot packs
 - B. Drug therapy
 - 1. Penicillin
 - 2. Sulfonamides
 - C. Surgical drainage following incision and drainage

- IV. Lymphatic system
 - A. Functions
 - B. Acute lymphadenitis
 - C. Hodgkin's

DISEASES OF THE BLOOD, LYMPHATIC SYSTEM, AND DUCTLESS GLAND

CLINICAL EXPERIENCE

Clinic: Lecture, Demonstration	Student Activity
--------------------------------	------------------

Ninth and Tenth Weeks

3 Hours

- | | |
|---|--|
| I. Present patients with any blood disease, available on the ward | Experience with the care of children suffering from blood diseases |
| A. Compare the physical, emotional, and social development with that of the normal child | Observation of the different characteristics manifested |
| B. Discuss the diets necessary for these children | Preparation of diet, and supervision of mealtime |
| C. Demonstrate the care of the mouth and teeth | Test urine for sugar |
| D. Demonstrate application of hot and cold packs | Return demonstration of hot and cold packs |
| E. Demonstrate the equipment used, and the procedure carried out in transfusing an infant | Preparation of blood transfusion tray |
| F. Treatment and management of child during a hemorrhage | Administer intramuscular injections of liver |
| 1. Elevate bleeding part | |
| 2. Application of compresses | |
| 3. Application of tourniquet or hemostat | |
| 4. Keep the child quiet | |
| II. Teaching the parents | Conference with the parents |
| A. Hygienic living conditions | |
| B. Suitable activities and hobbies | Discuss the necessary foods the child must have |
| C. Well-balanced nutritious diets | |

the diseases will be compared with those symptoms, signs, and treatments of the child having the disease.

CLINICAL EXPERIENCE

Student Activity	Clinic: Lecture, Demonstration
<u>Ninth and Tenth Weeks</u> 3 Hours	
Experience with the care of children suffering from blood diseases	I. Present patients with any blood disease, available on the ward
Observation of the different characteristic manifestations	A. Compare the physical, emotional, and social development with that of the normal child
Preparation of diet, and supervision of medicine	B. Discuss the diet necessary for these children
Return demonstration of hot and cold packs	C. Demonstrate the care of the mouth and teeth
Preparation of blood transfusion tray	D. Demonstrate application of hot and cold packs E. Demonstrate the equipment used, and the procedure carried out in transfusing an infant
Administer intramuscular injections of liver	F. Treatment and management of child during a hemorrhage
	1. Elevate bleeding part 2. Application of compresses 3. Application of tourniquet or hemostat 4. Keep the child quiet
Conference with the parents	II. Teaching the parents
Discuss the necessary foods the child must have	A. Hygienic living conditions B. Suitable activities and hobbies C. Well-balanced nutritious diet

CLINICAL EXPERIENCE (Cont'd.)

Clinic: Lecture, Demonstration

Student Activity

Ninth and Tenth Weeks (Cont'd.)

III. Diabetes mellitus	Experience and nursing care of diabetic children
A. Insulin shock	
1. Need for constant observation	
2. Insulin dosage must be changed frequently	Administer insulin injection to child
3. Someone in the environment of the child should know that he is diabetic	
4. Stomach gavage of glucose when intravenous is impossible	Preparation for intravenous glucose
5. Frequent urinalysis	Test urine for sugar
B. Diabetic coma	
1. Keep patient warm	Teach the child and parents the symptoms of diabetic coma and insulin shock
2. Normal saline is given for acidosis	
3. Increase insulin during acute infections	Teach the child and parents how to give insulin, and how to test the urine for sugar
4. Constant observation	
C. Utilizing outside agencies	
1. Social service	Teach the child entertaining and useful play
2. Occupational therapist	
3. Priest, minister, and rabbi	Teach the child and parents health habits - dental hygiene

Doctor's Clinic (2 hours)

In this clinic, cases of the diseases of the blood, lymphatic system and ductless glands will be presented. A review of the anatomy and physiology of the lymphatic system will be discussed; the etiology, treatment and prognosis of the diseases will be compared with those symptoms, signs, and treatments of the child having the disease.

DISEASES OF THE SKIN

Doctor's Lecture	Nursing Classes
<u>Eighth Week</u> (Cont'd.) 1 Hour	<u>Eighth Week</u> (Cont'd.) 1 Hour
The outline to be followed in presenting these conditions is:	I. Nursing care in diseases of the skin A. Anatomy of skin B. Functions of the skin
1. Etiology 2. Symptoms and signs 3. Treatment	II. Nursing principles in the care of patients with eczema
I. Dermatitis	A. Prevent scratching and rubbing
II. Eczema	1. Loose clothing 2. Avoid the use of wool clothing 3. Restrain if necessary
III. Insect bites	B. Prevent secondary infection
1. Bees 2. Spiders 3. Ticks	C. Application of ointment
IV. Burns	D. Health teaching
V. Miliaria	1. Avoid soap and water
VI. Impetigo contagiosa	2. Apply restraints
	3. Bathing technique
	4. Provide play material
	III. Nursing principles in the care of patients with burns
	A. Prevention of infection 1. Keep patient dry and clean
	2. Keep patient out of drafts, avoid colds and upper respiratory infections
	B. Prevent contractures
	1. Use of Bradford frame
	2. Use of foot and ankle roll
	3. Passive motion to extremities when possible

DISEASES OF THE SKIN (Cont'd.)

Doctor's Lecture	Nursing Classes
<u>Eighth Week (Cont'd.)</u>	<u>Eighth Week (Cont'd.)</u>
<u>Eleventh and Twelfth Weeks</u> 3 Hours	C. Maintain nutrition 1. Urge fluids 2. High caloric diet
I. Present cases of different types of skin diseases A. Comparison of the physical, social, and emotional characteristics with those of the normal child	Observation Experience and nursing care of children with skin diseases and burns
II. Scars A. Display type of clothes the child should wear B. Demonstrate restraints C. Care of the skin D. Preparation of the bed E. Accurate record of intake and output	Return demonstration of the application of restraints Preparation of the bed for a child with scars
III. Burns A. Use of Bradford frame B. Prevention of contractures 1. Use of knee roll 2. Use of ankle roll 3. Change position 4. Use of restraints on frame 5. Changing the dressing a. Aseptic technique C. Provide play materials	Observation Preparation of the tray for surgical dressing - assisting at the dressing Arranging toys for child to play with while restrained on Bradford frame

Doctor's Clinic (3 hours)

Discussion and question period on the treatment of skin diseases and burns. The presentation of as many cases as possible at the clinic to compare the physical, social, and emotional characteristics with those of the normal child. There will be a consideration of the necessary follow-up care.

DISEASES OF THE SKIN

CLINICAL EXPERIENCE

Clinic: Lecture, Demonstration

Student Activity

Eleventh and Twelfth Weeks

2 Hours

I. Present cases of different types of skin diseases	Observation
A. Comparison of the physical, social, and emotional characteristics with those of the normal child	Experience and nursing care of children with skin diseases and burns
II. Eczema	Return demonstration of the application of restraints
A. Display type of clothes the child should wear	
B. Demonstrate restraints	
C. Care of the skin	
D. Preparation of the bed	Preparation of the bed for a child with eczema
E. Accurate record of intake and output	
III. Burns	Observation
A. Use of Bradford frame	
B. Prevention of contractures	
1. Use of knee roll	
2. Use of ankle roll	
3. Change position	
4. Use of restraints on frame	Preparation of the tray for surgical dressing - assisting at the dressing
5. Changing the dressing	
a. Aseptic technique	
C. Provide play materials	Arranging toys for child to play with while restrained on Bradford frame

Doctor's Clinic (2 hours)

Discussion and question period on the treatment of skin diseases and burns. The presentation of as many cases as possible at the clinic to compare the physical, social, and emotional characteristics with those of the normal child. There will be a consideration of the necessary follow-up care.

ST. JOHN'S HOSPITAL SCHOOL OF NURSING
 PEDIATRIC CLINICAL EXPERIENCE SHEET

Name _____

School of Nursing _____

Condition	Date of care
Adjustment to the hospital	
Behavior disorders	
Masturbation	
Hall biting	
Enuresis	
Temper tantrums	
Thumb sucking	
Circulatory system, blood and	
Lymphatic system	
Anemia	
Aplastic	
Congenital	
Hemolytic	
Nutritional	
Heart disease	
Congenital	
Acquired	
Hemorrhagic disease of the	
newborn	
hemophilia	
leukemia	
lymphadenitis	
thrombocytopenia	
tuberculosis of lymph nodes	
Endocrine system	
cretinism	
diabetes mellitus	
Ear and Eye	
conjunctivitis	
otitis media	
mastoiditis	

UNIT V

RECORDS AND BIBLIOGRAPHY

FOR STUDENTS

ST. JOHN'S HOSPITAL SCHOOL OF NURSING

PEDIATRIC CLINICAL EXPERIENCE SHEET

Name

School of Nursing

Condition	Date of care
Adjustment to the hospital	
Behavior disorders	
Masturbation	
Nail biting	
Enuresis	
Temper tantrum	
Thumb sucking	
Circulatory system, blood and Lymphatic system	
Anemia	
Aplastic	
Congenital	
Erythroblastic	
Nutritional	
Heart disease	
Congenital	
Rheumatic	
Hemorrhagic disease of the newborn	
Hodgkins	
Leukemia	
Lymphadenitis	
Purpura	
Tuberculosis of lymph nodes	
Endocrine system	
Cretinism	
Diabetes mellitus	
Ear and Eye	
Conjunctivitis	
Otitis media	
Mastoiditis	

ST. JOHN'S HOSPITAL SCHOOL OF NURSING

PEDIATRIC CLINICAL EXPERIENCE SHEET

Name

School of Nursing

Date of care

Condition

Admission to the hospital

Behavior disorders

Abuse

Self-harm

Substance

Legal-ethical

Family structure

Chronicity system, blood and

Lymphatic system

Adaptation

Adaptation

Compensatory

Psychosomatic

Functional

Heart disease

Genetic

Infectious

Neurological disease of the

newborn

Neurology

Leukemia

Lymphadenitis

Leukemia

Tuberculosis of lymph nodes

Endocrine system

Diabetes

Diabetes mellitus

Diabetes mellitus

Diabetes mellitus

Diabetes mellitus

Diabetes mellitus

Diabetes mellitus

Diabetes mellitus

Diabetes mellitus

Diabetes mellitus

Diabetes mellitus

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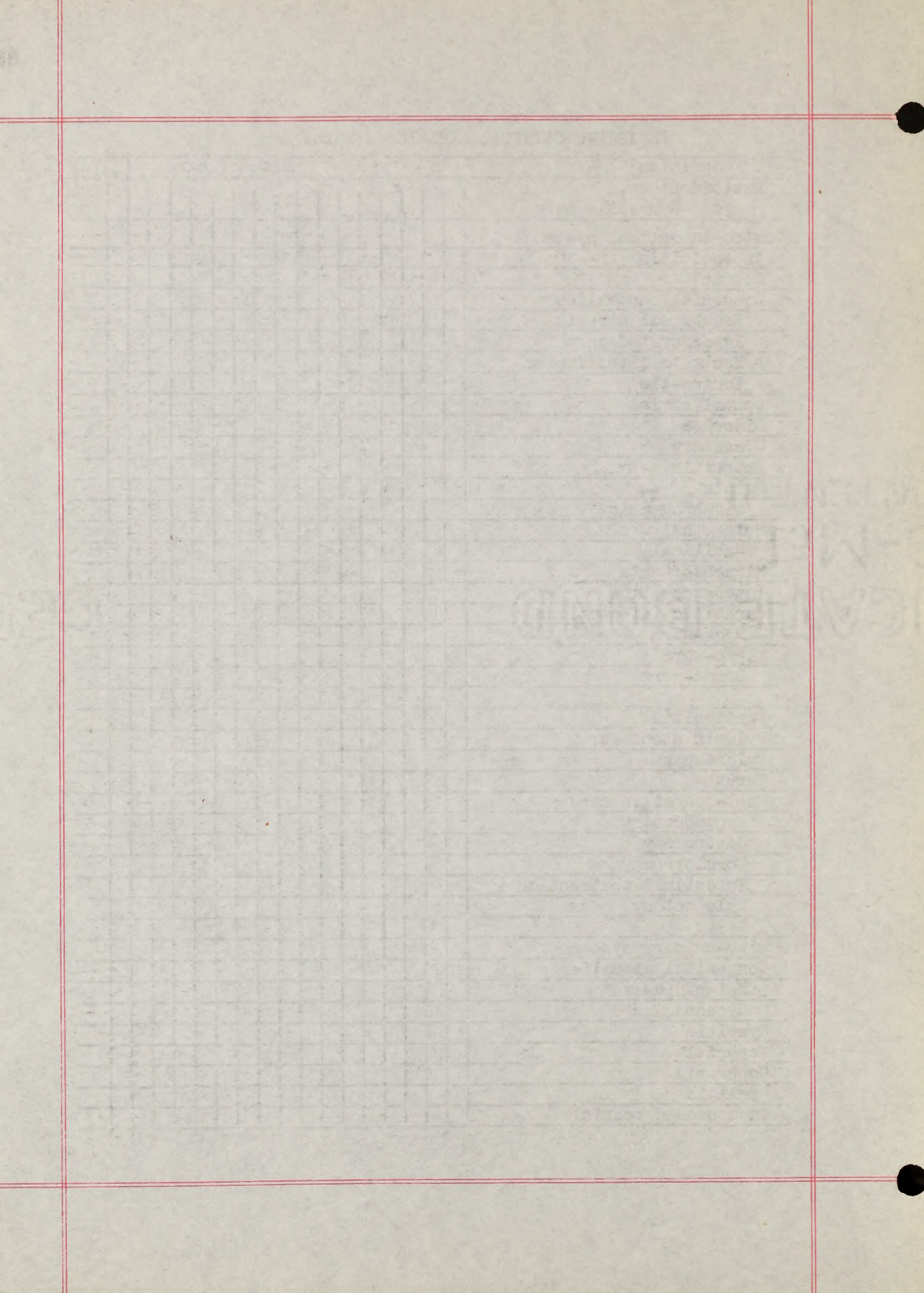
Diabetes mellitus

Diabetes mellitus

Diabetes mellitus

PEDIATRIC CLINICAL EXPERIENCE SHEET

Condition	Date of care
Mastoidectomy, post-operative care	
Gastro-Intestinal system	
Appendicitis	
Celiac	
Congenital anomalies	
Esophageal atresia	
Imperforated anus	
Meckel's diverticulum	
Tongue-tie	
Dental caries	
Diarrhea	
Dysentery	
Enteritis	
Hernias	
Diaphragmatic	
Inguinal	
Umbilical	
Hirschsprung's	
Intussusception	
Parasitic infestations	
Hook-worm	
Pin-worm	
Round-worm	
Peritonitis	
Pyloric stenosis	
Pylorospasm	
Thrush	
Post-operative care	
Appendectomy	
Gastrotoomy	
Herniorrhapy	
Intestinal obstruction	
Splenectomy	
Genito-urinary system	
Congenital anomalies	
Epispadias	
Hypospadias	
Cystitis	
Nephritis	
Nephrosis	
Pyelitis	
Undescended testicle	



PEDIATRIC CLINICAL EXPERIENCE SHEET

Condition	Date of care
Post-operative care	
Nephrectomy	
Urteral transplant	
Infectious diseases	
Gonorrhoea	
Influenza	
Septicemia	
Poliomyelitis	
Syphilis	
Tuberculosis	
Integumentary system	
Burns	
Cellulitis	
Eczema, infantile	
Erysipelas	
Impetigo contagiosa	
Intertrigo	
Omphalitis	
Pediculosis	
Scabies	
Musculo-skeletal system	
Arthritis	
Congenital anomalies	
Cleft lip	
Cleft palate	
Club foot	
Dislocation of hip	
Obstetric palsy	
Wry neck	
Deformities	
Post-poliomyelitis	
Dislocations	
Fractures	
Osteomyelitis	
Posture defects	
Tuberculosis	
Bones	
Joints	
Post-operative care	
Spinal fusion	

PROBABLE CLINICAL EXPERIENCE SHEET

Date of entry	Location
	Post-operative care
	Respiratory
	General programs
	Infectious diseases
	Cardiology
	Neurology
	Orthopedics
	Internal medicine
	Psychiatry
	Emergency services
	ICU
	Neonatal intensive care
	Transfusion services
	Medical records
	Quality improvement
	Research
	Education
	Administrative
	Other
	Post-operative care
	General medicine

PEDIATRIC CLINICAL EXPERIENCE SHEET

Condition	Date of care
Nervous system	
Behavior disorders	
Birth injuries	
Chorea	
Concussion of brain	
Convulsive disorders	
Encephalitis	
Epilepsy	
Hydrocephalus	
Skull fracture	
Spina bifida, meningocele	
Tumor, brain	
spinal cord	
Post-operative care	
Encephalogram	
Craniotomies	
Laminectomy	
Nutritional disturbances	
Asphyxia neonatorum	
Rickets	
Scurvy	
Acidosis	
Alkalosis	
Tetany	
Respiratory system	
Abscess	
Lung	
Retropharyngeal	
Asthma	
Atelectasis	
Common cold	
Empyema	
Foreign bodies	
Hypertrophied adenoids	
Hypertrophied tonsils	
Pneumonia	
Pulmonary tuberculosis	
Sinusitis	
Tonsillitis	
Tracheitis	

PEDIATRIC CLINICAL EXPERIENCE SHEET

Date of case	Condition
	Nervous system
	Behavior disorders
	Birth injuries
	Chorea
	Constitution of brain
	Genital disorders
	Headaches
	Hemiplegia
	Hydrocephalus
	Skull fracture
	Intra-cranial meningococci
	Intra-cranial
	Post-operative care
	Encephalitis
	Granulomas
	Laminectomy
	Nutritional disturbances
	Asphyxia neonatorum
	Rickets
	Scorbut
	Adiposis
	Alcalosis
	Tetany
	Respiratory system
	Asthma
	Emphysema
	Common cold
	Croup
	Foreign bodies
	Hyperplastic adenoids
	Hypertrophic tonsils
	Influenza
	Primary tuberculosis
	Strabismus
	Tonsillitis
	Tracheitis

PEDIATRIC CLINICAL EXPERIENCE SHEET

Condition	Date of care
Croup	
Laryngeal stridor	
Miscellaneous	
Food allergy	
Lead poisoning	
Premature care	
Teaching habits	
Cleanliness	
Eating	
Elimination	
Play	
Manners	
Sleep and rest	

Diagnosis
 Examination, assist
 Feeding, assist
 Bottle
 Breast feeder
 Cup
 Beverage
 Spoon
 Specimen collection
 Urine, female
 male
 24 hour
 Stool

CHILDS
 Admission
 Bath
 Bed
 Cup
 Bedmaking
 Anesthesia
 Bradford
 Crib
 Folliculitis
 Traction
 Examination, assist
 Feeding child

PHYSICIAN CLINICAL EXPERIENCE SHEET

Date of visit										Location
										Group
										Department
										Specialty
										Year
										Level
										Program
										Rotation
										Site
										Supervisor
										Notes
										Sign and Date

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PROCEDURES SIGNATURE *

PEDIATRIC PROCEDURE RECORD

PROCEDURES	T	SP	D	D	D	SIGNATURE	*
<u>BABIES</u>							
Admission care							
Bath							
Bed							
Tub							
Bedmaking							
Bassinet							
Crib							
Buttocks, care							
excoriated							
Diapering							
Discharge							
Examination, assist							
Feeding, asepto							
Bottle							
Breck feeder							
Cup							
Gavage							
Spoon							
Specimen collection							
Urine, female							
male							
24 hour							
Stool							
<u>CHILDREN</u>							
Admission							
Bath							
Bed							
Tub							
Bedmaking							
Anaesthesia							
Bradford							
Crib							
Poliomyelitis							
Traction							
Examination, assist							
Feeding child							

PEDIATRIC PROCEDURE RECORD

PROCEDURES	T	SP	D	D	D	SIGNATURE #
BABIES						
Feeding child						
Examination, assiat						
Friction						
Poliovaccin						
Cup						
Ward						
Assess						
Bedmaking						
Tub						
Bed						
Wash						
Admission care						
CHILDREN						
Stool						
24 hour						
Wash						
Urine, female						
Specimen collection						
Spoon						
Gavage						
Cup						
Wash feeder						
Bottle						
Feeding, assiat						
Examination, assiat						
Discharge						
Diapering						
Excitised						
Buttocks, care						
Cup						
Washbas						
Bedmaking						
Tub						
Bed						
Wash						
Admission care						

PROCEDURES	T	SP	D	D	D	SIGNATURE	*
BABIES AND CHILDREN							
Alcohol sponge							
Charting, infant child							
Dressings							
Enemas							
Cow's milk							
Human milk							
Powdered milk							
Thick feeding							
Hair							
Pediculi							
Hot and cold packs							
Operative care							
Preparation							
Orthopedic							
Orthopedic appliances							
Braces							
Bradford frame							
Crutches							
Plaster casts							
Cuffing							
Traction, assisting							
Care of patient							
Physical therapy							
Observation							
Muscle training							
Pool exercise							
Postmortem care							
Respirator, care of patient							
Restraints							
Clove hitch							
Cuff							
Jacket							
Specimen, Catheterized							
Strapping, hernia							
Yarn truss							
Tests or treatments							
Blood culture							
Duodenal drainage							
Gastric lavage							
Hypodermoclysis							
Intravenous							

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PROCEDURES	T	SP	D	D	D	SIGNATURE *
Lumbar puncture						
Myringotomy						
Nose and throat culture						
Postural drainage						
Thoracentesis						
Wangensteen						

Aims:

***Key:**

1. The nursing care study affords the nurse a complete study of the many aspects of a patient for whom she is giving care.
- T - Taught
 SP - Supervised Practice
 D - Demonstrated

2. It affords insight into the complex reasons for illness and the many aspects to consider in planning for care and convalescence which will be fundamentally effective.

3. The nursing care study brings the broader study of clinical nursing, social needs, and community health and hygiene down to the specific implications in the instance of one patient for whom the nurse is responsible.

PROGRAMS	T	SP	D	D	D	SIGNATURE *
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Key:

- T - Taught
- SP - Supervised Practice
- D - Demonstrated

Pediatric Nursing Care Study

I. Headings: Name Student
 Age Class
 Nationality Hospital
 Race Date study began
 Sex Date study ended
 Diagnosis

Nursing Care Study

II. Aims:

A. Physical, mental, emotional and social development

1. Physical development

1. Birth weight, height, and head circumference

2. The nursing care study affords the nurse a complete study of the many aspects of nursing regarding a patient for whom she is planning and giving care.

B. Mental

C. Emotional

1. Home background

2. Habits

2. It affords insight into the complex reasons for illness and the many aspects to consider in planning for care and convalescence which will be fundamentally effective.

III. Disease

A. Etiology

B. Clinical picture

1. Comparison with typical cases

C. Laboratory tests and deviations from normal

D. Prognosis

3. The nursing care study brings the broader study of clinical nursing, social needs, and community health and hygiene down to the specific implications in the instance of one patient for whom the nurse is responsible.

IV. Total picture

A. As a whole

B. As a whole

1. Individual child and adjustment

1. Progress

2. Response to treatments and diet

3. Reaction to environment, hospital and play

C. Indications for convalescent care, public health or other social agencies

1. Provisions for continuous care, convalescence, visiting nurse

D. Parent and child health education

V. Conclusions

A. Brief summary of student's outstanding observations

B. Of what interest has this case study been to you?

Have you any suggestions to increase its value?

VI. Bibliography and sources of information

Nursing Care Study

Aims:

1. The nursing care study affords the nurse a complete study of the many aspects of nursing regarding a patient for whom she is planning and giving care.
2. It affords insight into the complex reasons for illness and the many aspects to consider in planning for care and convalescence which will be fundamentally effective.
3. The nursing care study brings the broader study of clinical nursing, social needs, and community health and hygiene down to the specific implications in the instance of one patient for whom the nurse is responsible.

Pediatric Nursing Care Study

I. Headings:	Name	Student
	Age	Class
	Nationality	Hospital
	Race	Date study began
	Religion	Date study ended
	Diagnosis	

II. Physical, mental, emotional and social development

- A. Physical development
 - 1. Birth weight, height, and progress
 - 2. Fontanelles, teeth, general health
 - 3. Motor development and skills
- B. Mental and language development
- C. Emotional and social development
 - 1. Home background
 - 2. Habits

III. Disease

- A. Etiology
- B. Child's illness, clinical picture, past illness
 - 1. Comparison with typical case
- C. Laboratory tests and deviation from normal
- D. Treatments and reasons for
- E. Prognosis

IV. Total nursing care

- A. As applied to disease in general
- B. As applied to individual child and adjustment
 - 1. Progress
 - 2. Response to treatments and diet
 - 3. Reaction to environment, hospital and play
- C. Indications for convalescent care, public health or other social agencies
 - 1. Provisions for continuous care, convalescence, visiting nurse
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RECORD OF GROUP WARD INSTRUCTION

Name _____

Ward _____

Topic	D	T	N.C.	Dem.	C	Min.	Instructor

Key: D - Disease N.C. - Nursing Care
 T - Treatment D - Demonstration
 C - Conference

ANECDOTAL RECORD

Date	Remarks	Instructor

In this book are depicted the universal growth and development. It contains specific techniques for effective guidance and psychological care of the child. It is very useful for parents in the care and training of their young children.

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Name _____ Ward _____

Topic	D	Y	M	O	Dem.	O	Min.	Instructor

Key: D - Disease
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ANECODAL RECORD

Date	Remarks	Instructor

RECOMMENDED BOOK LIST FOR STUDENTS

Aldrich, C.A., and Anderson, C., Feeding Our Old Fashioned Children, New York: The Macmillan Company, 1944.

This book was written to establish the fact that there is a mechanism for eating, and to show how life in a modern household is likely to interfere with it. However, it treats the subject of feeding children very logically, and presents certain therapeutic methods which are safe to use for all children; and which if applied are likely to influence favorably any disturbed eating condition.

Breckenridge, Marian, and Vincent, Lee, Child Development, Philadelphia: W.B. Saunders Company, 1943.

The essential purpose of this book is to help all who deal with children to improve the lives of children. It begins with a chapter on general principles of child development and in subsequent chapters treats of the interrelation of all aspects of growth of the child and the influences of heredity and environment upon his development. The particular values of this book are its clear exposition of the patterns of physical and psychological development of children. It will be especially helpful to the nursing group fearful that meeting the child's needs will mean complete lack of discipline, and that routines and procedures will be interfered with.

Gesell, A., How a Baby Grows, New York: Harper and Brothers, 1945.

This book tells its story in pictures. By this pictorial method the reader follows the baby in his first five years of growth. The first part of the book pictures the growing ability of the infant to handle his body; the second part portrays graphically the way in which his personality develops. The student nurse should find that this book brings home to her the concept of growth and development, particularly if it can be related to normal children.

Gesell, A., and Ilg, F., The Infant and Child in the Culture of Today, New York: Harper and Brothers, 1946.

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This book, as the title states deals with the growth and development of the child from five to ten years of age. It describes the patterning processes of the school years of the child. The personality growth of individual children has been assembled and analyzed.

Griffith, J.P., and Mitchell, A.G., The Diseases of Infants and Children, Philadelphia: W.B. Saunders Company, 1941.

This is a textbook which treats the etiology, symptoms, diagnosis, treatment and prognosis of all the diseases of children. At the end of each chapter there are references to books and journals which are deemed very important. In this edition preventive measures have been emphasized; particular attention has been paid to anatomy and physiology, and growth and development. This is a valuable reference book for student nurses.

Jeans, P.C., Rand, W., and Blake, F.G., Essentials of Pediatrics, Philadelphia: J.B. Lippincott Company, 1946.

A very good presentation of the problems of child care and child guidance as they confront the nursing profession today. Florence Blake's contribution to the present edition helps the student nurse to a better understanding of the principles of child guidance as they relate to the total care of the sick and convalescent child.

Kawin, Ethel, A Wise Choice of Toys, Chicago: University of Chicago Press, 1938.

Knox, Cecilia, Principles of Pediatrics and Pediatric Nursing, Philadelphia: F.A. Davis Company, 1945.

This is a textbook for student nurses in which the author has considered the child in both health and disease. It is presented from the standpoint of the total aspect of the child; illness and disease being adjudged as an interruption in the child's growth and development.

Lyon, Robert, and Kaltenbach, W., Mitchell's Pediatrics and Pediatric Nursing, Philadelphia: W.B. Saunders Company, 1944.

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McCarthy, R.C., Training the Adolescent, Milwaukee: Bruce Publishing Company, 1934.

This book is intended as a text for Catholic Colleges. Teachers, nurses, and parents will find a wealth of material in it that will aid them in their high task of fitting their youthful charges to take worthy places in Christian society. The most important contribution of this book is the point that there is a need of a practical belief in the supernatural in the training of youth.

Marriott, Williams, and Jeans, P.C., Infant Nutrition, St. Louis: C.V. Mosby Company, 1941.

Sellew, Gladys, Nursing of Children, Philadelphia: W.B. Saunders Company, 1942.

This new edition of Miss Sellew's book places emphasis on the care and development of the normal child. Accent is directed on the differences between nursing care of the adult and the child. There are questions and problems throughout the book which lend interest and stimulate further study. Modifications of nursing care in the home are also included in this edition.

Spock, Benjamin, Baby and Child Care, New York: Pocket Books, Inc., Rockefeller Center, 1946.

This book is primarily intended for parents, but it can be usefully applied to the teaching of student nurses. It gives practical, easy-to-understand answers to all the everyday questions and problems that arise in the physical and psychological care of babies and children through adolescence.

Waddle, Charles, An Introduction to Child Psychology, Boston: Houghton Mifflin Company, 1918.

This book is intended to serve as a study of child psychology in colleges, but the topics are so treated that teachers, parents, and social workers, etc., will find it very useful. The purpose is to stimulate the reader to think about, to study, and to observe real children intelligently, sympathetically, and scientifically.

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Marriott, William, and Jones, P.O., Infant Nutrition, St. Louis: C.V. Mosby Company, 1931.

Selver, Gladys, Nursing of Children, Philadelphia: W.B. Saunders Company, 1928.

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Washburn, Ruth, Children Have Their Reasons, New York:
D. Appleton-Century Company, 1942.

Zahorsky, John, Synopsis of Pediatrics, St. Louis: C.V.
Mosby Company, 1943.

This book is a readable and instructive compendium condensed in one small volume; covering the essential points in symptomatology, diagnosis, and treatment. Special attention has been given to the paragraphs on treatment, and particular stress is laid on the clinical features of disease.

Subscriptions to:

Child Study, The Child Study Association, 221 West
67th Street, New York, N.Y.

Hygeia, 535 N. Dearborn Street, Chicago, Illinois.

Parent's Magazine, 52 Vanderbilt Avenue, New York, N.Y.

The Child, Children's Bureau, U.S. Department of
Labor, Washington, D.C.

Bulletins:

Children's Bureau Publication, U.S. Department of
Labor, Washington, D.C.

"Building the Future for Children and Youth"
Publication No. 310

"Guiding the Adolescent," Publication No. 225

"Home Play and Play Equipment," Publication No. 238

"Infant Care," Publication No. 8

"Your Child from One to Six," Publication No. 30

Schumacher, Henry, "The Adolescent," The Catholic
Conference on Family Life, Washington, D.C.

Lord, Daniel, S.J., "Sex Instruction," The Queen's
Work, 3742 West Pine Blvd., St. Louis, Missouri

Washburn, Ruth, Children Have Their Reasons, New York:
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Saboritz, John, Synopsis of Pediatrics, St. Louis: C.V.
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"Building the Future for Children and Youth"
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"Guiding the Adolescent," Publication No. 225

"Home Play and Play Equipment," Publication No. 228

"Infant Care," Publication No. 2

"Your Child from One to Six," Publication No. 20

Schunaberger, Henry, "The Adolescent," The Catholic
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SUMMARY

This Service Paper is an analysis of the learning activities available in the Pediatric Nursing Program in "X" School of Nursing, and the organization of the learning activities in logical form.

Chapter I presents a brief history of the philosophy of child care from the eighteenth century to the present day.

Chapter II is divided into Units, which comprise the Pediatric course outline. Unit I is the Orientation of the student nurse to the Pediatric Department and to the Nursing Care of Children.

Unit II is allotted to the growth and development of the child from birth to adolescence. This unit endeavors to give the student a knowledge and understanding of the nutritional requirements, as well as the growth and development of the child at the various age levels. It also attempts to give the student a knowledge and understanding of the principles underlying the total care of the child.

Unit III is a detailed construction of the Parent-Child-Nurse Relationship.

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The analysis does not include the components essential to a complete educational program such as, pre-tests, end of service tests, evaluation of student achievement, personality tests, and rating scales. One weakness of this study is that it does not include an analysis of the availability of clinical experience.

"Building the Future for Children and Youth,"
Washington, D.C.: U.S. Department of Labor, Children's
Bureau Publication, No. 310.

"Child Management," Washington, D.C.: U.S. Department of
Labor, Children's Bureau Publication, No. 143.

Curriculum Guide for Schools of Nursing, New York:
Committee on Curriculum of the National League of
Nursing Education, 1937.

Erkleba, M., "Pediatric Ward Teaching," American Journal
of Nursing, 43 (February, 1943), 302-305.

Gesell, A., and Ilg, F., The Child from Five to Ten,
New York: Harper and Brothers, 1946.

Gesell, A., and Ilg, F., Infant and Child in the Culture
of Today, New York: Harper and Brothers, 1948.

Griffith, J.P., and Mitchell, A., The Diseases of Infants
and Children, Philadelphia: W.B. Saunders Company,
1941.

Hilbert, R., "Study of Nurses in the Clinic," Public Health
Nursing Journal, 44 (1944), 308-320.

Jones, F., Ham, W., and Blake, F., Essentials of
Pediatrics, Philadelphia: J.B. Lippincott Company,
1948.

Jensen, Deborah MacLurg, Principles and Practices of Ward
Teaching, St. Louis: C.V. Mosby Company, 1943.

Knox, G.M., Principles of Pediatrics and Pediatric
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BIBLIOGRAPHY

- Aldrich, C.A., Cultivating the Child's Appetite, New York: The Macmillan Company, 1932.
- Aldrich, C.A., Feeding Our Old Fashioned Children, New York: The Macmillan Company, 1942.
- Breckenridge, M., and Vincent, L., Child Development, Philadelphia: W.B. Saunders Company, 1943.
- "Building the Future for Children and Youth," Washington, D.C.: U.S. Department of Labor, Children's Bureau Publication, No. 310.
- "Child Management," Washington, D.C.: U.S. Department of Labor, Children's Bureau Publication, No. 143.
- Curriculum Guide for Schools of Nursing, New York: Committee on Curriculum of the National League of Nursing Education, 1937.
- Erxleben, M., "Pediatric Ward Teaching," American Journal of Nursing, 43 (February, 1943), 202-206.
- Gesell, A., and Ilg, F., The Child from Five to Ten, New York: Harper and Brothers, 1946.
- Gesell, A., and Ilg, F. Infant and Child in the Culture of Today, New York: Harper and Brothers, 1946.
- Griffith, J.P., and Mitchell, A., The Diseases of Infants and Children, Philadelphia: W.B. Saunders Company, 1941.
- Hilbert, R., "Study of Nurses in the Clinic," Public Health Nursing Journal, 44 (1944), 209-220.
- Jeanes, P., Rand, W., and Blake, F., Essentials of Pediatrics, Philadelphia: J.B. Lippincott Company, 1946.
- Jensen, Deborah MacLurg, Principles and Practice of Ward Teaching, St. Louis: C.V. Mosby Company, 1942.
- Knox, C.M., Principles of Pediatrics and Pediatric Nursing, Philadelphia: F.A. Davis Company, 1945.

BIBLIOGRAPHY

Abdich, O.A., Optimizing the Child's Appetite, New York: The Macmillan Company, 1932.

Abdich, O.A., Feeding Our Old Fashioned Children, New York: The Macmillan Company, 1932.

Brockenridge, M., and Vincent, L., Child Development, Philadelphia: W.B. Saunders Company, 1933.

"Building the Future for Children and Youth," Washington, D.C.: U.S. Department of Labor, Children's Bureau Publication, No. 210.

"Child Management," Washington, D.C.: U.S. Department of Labor, Children's Bureau Publication, No. 143.

Curriculum Guide for Schools of Nursing, New York: Committee on Curriculum of the National League of Nursing Education, 1937.

Erskine, M., "Pediatric Ward Teaching," American Journal of Nursing, 43 (February, 1943), 303-308.

Gessell, A., and Ilg, T., The Child from Five to Ten, New York: Harper and Brothers, 1943.

Gessell, A., and Ilg, T., Infant and Child in the Culture of Today, New York: Harper and Brothers, 1944.

Griffith, J.P., and Mitchell, A., The Diseases of Infants and Children, Philadelphia: W.B. Saunders Company, 1941.

Hibert, R., "Study of Nurses in the Clinic," Public Health Nursing Journal, 44 (1944), 303-323.

Jones, P., Hand, W., and Hake, F., Essentials of Pediatrics, Philadelphia: J.B. Lippincott Company, 1945.

Jensen, Deborah Mearns, Principles and Practice of Ward Teaching, St. Louis: C.V. Mosby Company, 1945.

Knox, C.M., Principles of Pediatrics and Pediatric Nursing, Philadelphia: F.A. Davis Company, 1945.

- Leitzke, Ella, "Teaching in a Children's Hospital," American Journal of Nursing, 39 (April, 1939), 414-419.
- Mackenzie, Catherine, "Gift of Confidence," New York Times Magazine (April 27, 1947).
- McCarthy, R.C., Training the Adolescent, Milwaukee: Bruce Publishing Company, 1934.
- Osborne, A., "Nurse and the Family," American Journal of Nursing, 45 (November, 1945), 916-919.
- Rood, Dorothy, "Teaching Omissions in Pediatric Nursing," American Journal of Nursing, 35 (July, 1935), 618-622.
- Rothrock, D., "Teaching in a Small Pediatric Department," American Journal of Nursing, 37 (July, 1937), 755-760.
- Sellew, Gladys, Ward Administration, Philadelphia: W.B. Saunders Company, 1932.
- Sellew, Gladys, Nursing of Children, Philadelphia: W.B. Saunders Company, 1944.
- Sleeper, Ruth, "Teaching Methods - New and Old," American Journal of Nursing, 37 (May, 1937), 519-528.
- Spock, Benjamin, Baby and Child Care, Rockefeller Center, New York: Pocket Books, Inc., 1946.
- Steiner, Mary Jane, "A Program of Child Study," American Journal of Nursing, 43 (November, 1943), 1028-1030.
- Taylor, Anna, Ward Teaching, Philadelphia: J.B. Lippincott Company, 1941.
- Van Alstyne, D., Play Behavior and Choice of Play Materials, Chicago: University of Chicago Press, 1932.
- Waddles, Charles, An Introduction to Child Psychology, Boston: Houghton Mifflin Company, 1918.
- Wallinger, E., "Clinical Teaching in Pediatric Nursing," New York: Annual Report of the National League of Nursing Education, 1939.

Pollock, Hie, "Teaching in a Children's Hospital,"
American Journal of Nursing, 38 (April, 1938), 414-419

Mackenzie, Catherine, "Gift of Confidence,"
New York Times Magazine (April 27, 1947).

McCarthy, R.C., Training the Adolescent,
Wisconsin: Bruce Publishing Company, 1934.

Gordon, A., "Nurse and the Family,"
American Journal of Nursing, 43 (November, 1943), 918-919.

Good, Dorothy, "Teaching Omissions in Pediatric Nursing,"
American Journal of Nursing, 38 (July, 1938), 618-622.

Hotbrook, D., "Teaching in a Small Pediatric Department,"
American Journal of Nursing, 37 (July, 1937), 752-760.

Seliew, Gladys, Ward Administration,
Philadelphia: W.B. Saunders Company, 1932.

Seliew, Gladys, Nursing of Children,
Philadelphia: W.B. Saunders Company, 1944.

Sieper, Ruth, "Teaching Methods - New and Old,"
American Journal of Nursing, 37 (May, 1937), 519-528.

Spock, Benjamin, Baby and Child Care,
Hockett's Center, New York: Pocket Books, Inc., 1948.

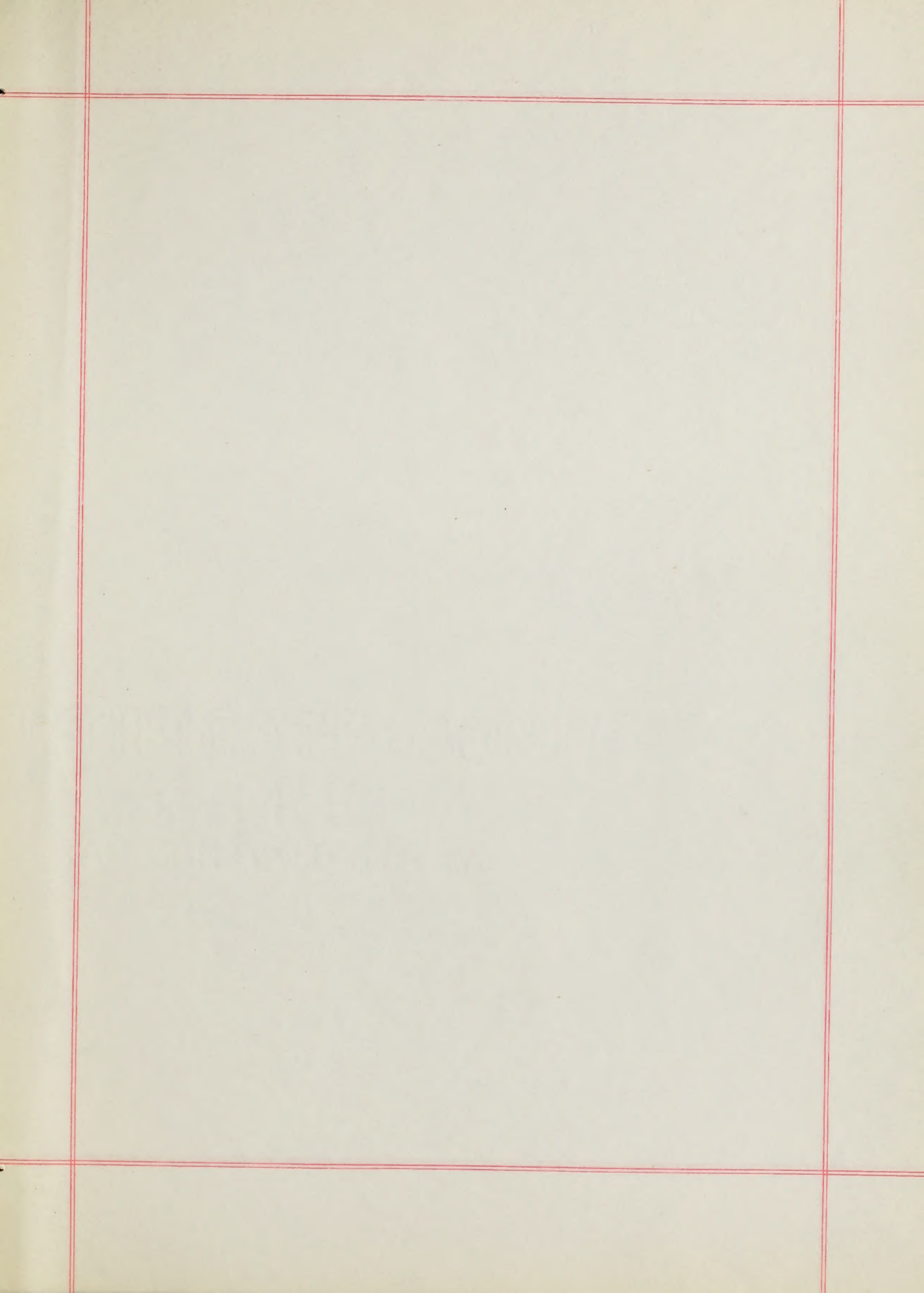
Steiner, Mary Jane, "A Program of Child Study,"
American Journal of Nursing, 43 (November, 1943), 1088-1090.

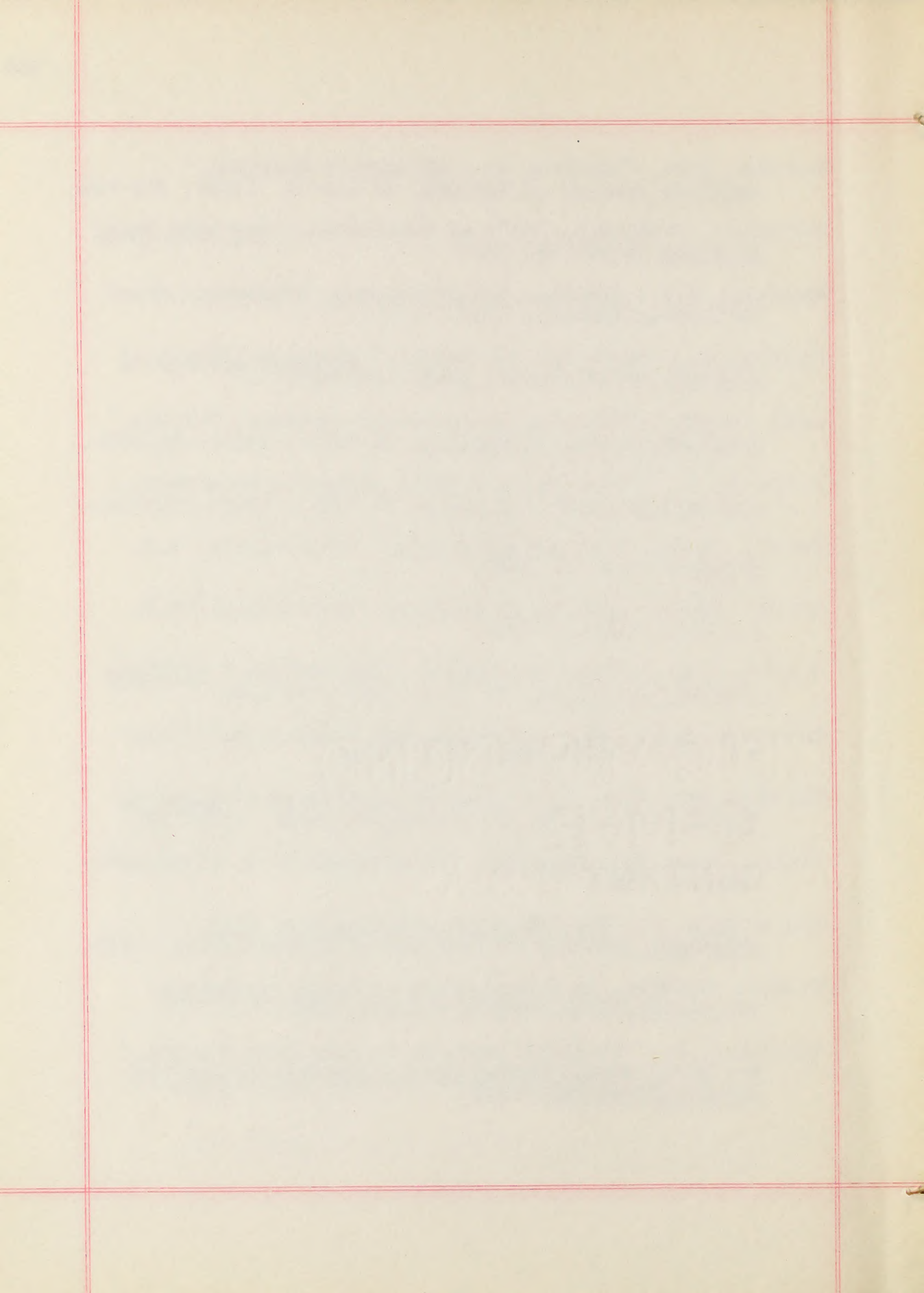
Taylor, Anne, Ward Teaching,
Philadelphia: J.B. Lippincott Company, 1941.

Van Alstyne, D., Play Behavior and Choice of Play
Materials, Chicago: University of Chicago Press, 1932.

Waddles, Charles, An Introduction to Child Psychology,
Boston: Houghton Mifflin Company, 1918.

Wallinger, E., "Clinical Teaching in Pediatric Nursing,"
New York: Annual Report of the National League of
Nursing Education, 1938.

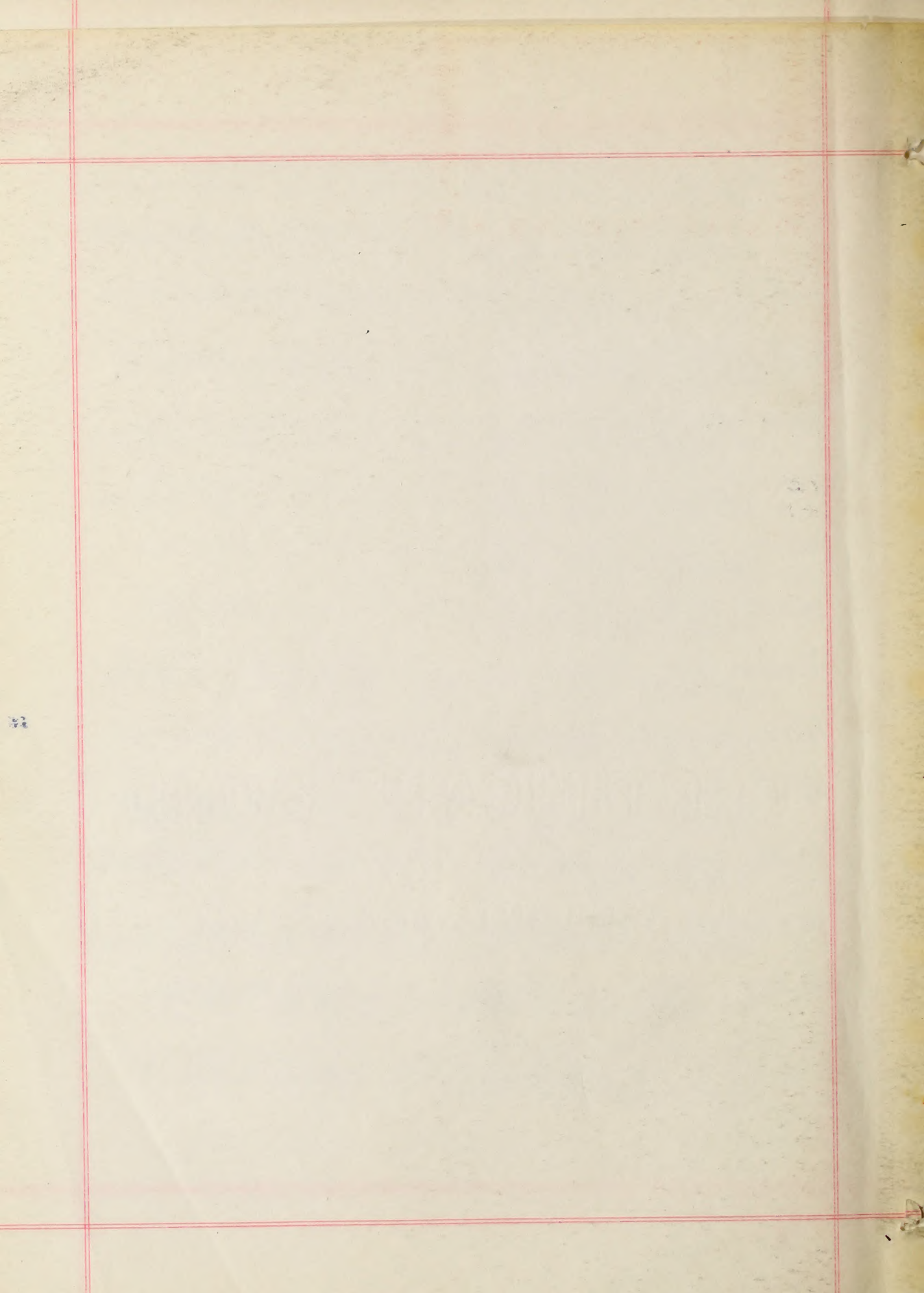




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